CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

INSIDE
OVER THE COUNTER MAGAZINE

19 July 1997

PSNC rejects 2.3pc offer on global sum

PHS announces health promotion development

BPA criticises Council elections as 'stifling'

Update: no longer a hard pill to swallow

Pilot projects tackle patient problems

No place for 'me-toos', declares GW chairman

United Drug agrees offer for Dublin Drug

Online at http://www.dotpharmacy.com/

ONE MAN AND HIS DOG WIN GOLD IN NEW YORK

Winning gold in the 1996 International Advertising and Marketing Effectiveness Awards in New York was just the start of Sensodyne's TV success.

Now its ability to round up even more customers has translated into Sensodyne's highest ever £-share of the sensitivity sector, a massive 81%, and a pharmacy sales rate *eight times* faster than all other sensitive toothpastes[1].

But as every champion knows, winning is just the beginning. That's why Stafford-Miller have dedicated a £3.5 million annual spend to Sensodyne, and are putting their gold winning commercial back on TV this August. So stock up now, because thanks to one man and his dog customers are going to be flocking in.

STOCK UP WITH SENSODYNE AND STRIKE GOLD

Reference: 1. Nielsen: Retail Audit Data March/April 1997

COMMENT

Any self-respecting community pharmacy professional knows that when push comes to shove, he or she is the only one who can make that on the spot decision essential to the running of their business. Self-help! All healthcare professionals, not just the shop-bound community pharmacists, have to make money and take key professional and commercial decisions. And that is business – however you dress it up! So, whether you're a manager of a multiple or you're a single proprietor independent, on good days and bad days the commercial buck stops with you. But help is at hand from a variety of sources – the NPA, retailer-based voluntary trading organisations, etc.

For instance, Numark delivers retail solutions from manufacturers or wholesalers for each community pharmacy shareholder member, for a price (see p29). But they then have to help themselves. Others deliver a professional/business reward, and customer and personal satisfaction. Additionally, Numark delivers a cash-back that is predicted to top £1 million this year. Managing director Terry Norris believes that, as this cash crop grows, members should plough some of the harvest back into schemes that will grow pharmacy. This he sees as the inspired self-help that is essential if independents are to combat the ever-more major multiples and enable independents to stand up and be counted within the communities they serve.

Pharmacists have to create the funds to make self-help possible. Numark says pharmacy has to deliver a mix of traditional and increasingly high-tech solutions to fix the ills of local communities through enlightened self-help. Mr Norris is counting his local heroes out. Are you? Is pharmacy? Is the industry? How many will return? How many will survive? That is the question ...

CHEMIST & DRUGGIST

Editor Patrick Grice, MRPharmS
Assistant Editor Maria Murray, MRPharmS
Technical Editor Fawz Farhan, MRPharmS
Business Editor Guy L'Aimable, BA
Contributing Editor Adrienne de Mont MRPharmS
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Group Sales Director Ian Gerrard
Publishing Director Roger Murphy

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Telephone 01732 364422
Telex 95132 MILFRE G
Fax 01732 361534
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REGULARS

DoH's 2.3pc offer 'totally unacceptable', says PSNC

The Pharmaceutical Services Negotiating Committee has rejected as "totally unacceptable" a revised offer of a 2.3 per cent increase in the global sum.

But chairman Wally Dove said he had a "constructive" meeting with health minister Alan Milburn on Tuesday.

PSNC had initially sought a 4.5 per cent rise in core elements of the global sum for 1997-98. The negotiators have told the Department of Health the 2.3 per cent, which would take the global sum to £708.6 million, fails to reward contractors adequately for the service they provide. It also compares unfavourably with offers made to other health professionals, such as the 4.2 per cent awarded to dispensing doctors for no increase in workload.

PSNC believes pharmacy contractors are likely to dispense about 2.8 per cent more prescriptions in the coming year, so a 2.3 per cent rise in remuneration means a reduction in income per prescription.

"We emphasised to Mr Milburn that over the last decade pharmacy contractors had increased productivity by about 33 per cent, while income per prescription had reduced by 29 per cent," said Mr Dove. "I made the point that, although we were prepared to be extremely positive about what pharmacy is currently doing in the NHS, it was becoming increasingly difficult to motivate the main body of the profession when we've been starved of funding over a number of years. He accepted that contractors were doing a very good job that was largely unrecognised."

PSNC has reiterated its concern to the NHS Executive about delays in the NHS negotiations. While acknowledging that the general election accounted for some of it, Mr Dove said it appeared the DoH was being as inefficient as last year, despite an agreement to reduce the negotiating timescale. "The DoH must realise all these delays have a completely demoralising effect on community pharmacists," he said.

At Tuesday's meeting, Mr Milburn invited PSNC to submit ideas on how pharmacists could help the Government achieve some of the aims in its manifesto when a Green Paper on public health and another White Paper on the NHS are published this autumn.

(For the rest of the PSNC report, see p20.)

Let's talk about sex

'Let's talk' is the theme of the first Sexual Health Week next month.

Organised by the Family Planning Association, the Week, which runs from August 4-10, will "stress the positive aspects of sex, while highlighting the importance of communication in achieving good sexual health".

A 'Sexual Health Week Pack' containing a poster, a new FPA leaflet, ideas list and fact sheets is available to pharmacies and Health Promotion Units. The FPA hopes that health professionals will be able to use the Week as a focus to local campaigns and in health promotion activities.

FPA chief executive Anne Weyman hopes to raise public awareness about sexual health and remove the stigma surrounding it. This will be done through media activity and will encourage a greater openness about sexual matters.

To obtain a promotional pack, send an A3-sized stamped addressed envelope with 70p in stamps to the FPA/Sexual Health Week, 2-12 Pentonville Road, London N1 9FP. The FPA can be contacted on 0171 923 5201.

- Copies of the FPA Contraceptive Handbook are also available. The guide discusses current methods of contraception, contra-indications and side-effects, and lists sexual health services. It is priced at £14.99, plus £2.50 p&p, and is available from the FPA at the same address as above.

East Lancashire targeted in forged prescriptions scam

Forged computer-generated prescriptions for high-valued items have been presented at pharmacies in East Lancashire in the past couple of weeks.

Two or more people are believed to be presenting the prescriptions made out in the names of single practice GPs from the Blackburn area. A distinguishing feature of the scripts is that they lack doctors' identification numbers. Forged prescriptions that have been detected have been for Zoton, Zoladex and Immigran.

East Lancashire Health Authority medical adviser Dr John Howarth believes the nature of the forgeries suggests that a reasonably well organised gang is operating. However, he said that the situation appears to have settled for the time being.

One pharmacist commented that the fraudsters have targeted the area to coincide with the local holidays when pharmacies are busier and pharmacists are seeing more prescriptions from outside their locality.

The matter has been passed to the Fraud Investigation Unit.

- Following a spate of thefts of unsigned script pads, Nottinghamshire police are circulating a list of doctors' signatures to pharmacists to help detect forgeries.

More pensioner script charge concern

Age Concern is objecting to suggestions that better-off pensioners may have to pay for NHS prescriptions. However, Department of Health officials have concluded that requiring pensioners with incomes over a certain level to pay for their medicines would be bureaucratic to implement and politically difficult to sell.

A report in the *Sunday Telegraph* suggested that senior citizens with an income over £18,000 a year might have to pay charges, although official checks and means testing would be unlikely. However, a DoH spokesman said: "This is not something that is under active consideration by ministers."

Sally Greengross, director general of Age Concern England, said this week that the charity was worried about the possible contents of the Government's review of NHS expenditure, which might include charging for prescriptions, visits to GPs and hospital stays.

"This is causing widespread concern among older people, as they are key users of the NHS. Today's pensioners believed that NHS provision would be free at the point of use. To introduce charges for these vital treatments and services is unfair," said Ms Greengross.

Several pensioners have telephoned North Gwent Community Health Council concerned about the possible introduction of charges after comments made by health secretary Frank Dobson. A report in the *Monmouthshire Beacon* said that a large number had voted for a change in Government because they were worried about privatisation of the NHS.

Burr to address NAFP

Andrew Burr, Royal Pharmaceutical Society Council member and director of professional services for Practice Resource Systems, is to speak at the National Association of Fundholding Practices annual conference in Harrogate on November 6.

He will participate in a session entitled 'Delivering the vision – leading edge developments in primary care' and will speak on 'Managing practice prescribing'. He plans to discuss the role of pharmacists in medicine management and how it will be delivered in the future.

Judge says melatonin case must be heard in criminal courts

A judge has found the only means to decide whether melatonin is, or is not, a medicinal product is through the criminal courts.

Pharma Nord, which has challenged the Medicine Control Agency's 1995 decision to make melatonin Prescription Only, was hoping that the matter could be resolved by an independent tribunal, as it sees the matter as essentially commercial.

However, at a hearing in the High Court in London last week, Justice Collins decided that there is no alternative fact-finding tribunal presently within administrative law which would provide Pharma Nord with an opportunity to have the classification of melatonin determined without a criminal prosecution.

Although the judge agreed that it may be desirable that a right of appeal could be made to an independent tribunal, he said that no such tribunal existed under the Medicines Act.

Pharma Nord is considering an application to the Court of Appeal to see whether a civil procedure by way of declaration in the High Court is considered a more suitable means of resolving the matter. The judicial review is scheduled for October 21.

Science Museum pays £15k for mould

The Science Museum has obtained its first sample of the original *Penicillium* culture used by Sir Alexander Fleming in his work on antibiotics.

The specimen, which cost just under $15,000, will go on display in the next few days in one of the museum's two exhibitions on penicillin. It is from Sir Alexander's original work on the antibiotic, and dates from about 1935. It is contained in a sealed petri dish.

The museum is pleased with the interest its purchase has generated. Its head of life and communication technologies, Dr Robert Budd, says that the sample is from the time that Sir Alexander had heard about the new sulphonamide Prontosil.

Although the effect of the mould was noted by Sir Alexander in 1928, it was not until 1935 and the launch of Prontosil that he started investigating the possible application of *Penicillium* as an antibiotic. However, penicillin was not isolated until the work of Ernst Chain and Howard Florey during the Second World War.

BMA calls for national drug misuse strategy

The British Medical Association is calling for more resources to tackle drug misuse. In particular, it has made recommendations over the involvement of over the counter medicines in drug abuse.

'The Misuse of Drugs', published by the BMA last month, gives an overview of drug misuse in the UK and makes 28 recommendations. These include providing GPs with information on OTC drug misuse and warning labels for patients.

Misusers of illicit drugs may turn to OTC preparations when they are unable to obtain their usual supplies, or to enhance the effects of other drugs, says the report. It estimates that 20,000 people in the UK could be dependent on OTC medicines.

A survey of injecting drug users attending an NHS drug treatment facility showed that 66 per cent had misused OTC preparations at some point. More than half (53 per cent) had misused OTC medications containing a stimulant, and 38 per cent had misused opiate-containing OTCs.

An independent drugs agency in Dumfries found that OTC medication misusers were older than illicit drug users, mainly women aged 25-45 and men aged 40-50.

The report calls for a national, confidential prescribing information system to check if patients have already been prescribed a controlled drug by another doctor. (See also **Pharmacy Update**.)

PHS pharmacy health promotion strategy

A new project to determine the value of and develop pharmacy health promotion schemes has been announced by the Pharmacy Healthcare Scheme.

'Beyond leaflets – a long-term strategy for pharmacy health promotion' aims to improve the effectiveness of pharmacy healthcare information and services. Besides the 5.5 million leaflets it distributes annually via pharmacies, PHS says pharmacy health promotion services, such as screening sessions, smoking cessation programmes or community health information schemes, will be evaluated.

Structured interviews, workshops and focus groups involving pharmacists, other health professionals and the public will be conducted by market research company KPMG.

The findings will provide the basis for a pilot study to be carried out by the National Pharmaceutical Association in association with a health authority. NPA head of professional development Georgina Craig says that it would be pleased to hear from health authorities interested in participating.

Funding has come from the Department of Health following a tender from PHS. Part of the money is required to be spent on development research. Following the pilot study in 18-24 months, and if further funding is available, it is hoped that the pilot scheme will be extended.

"This new project will research the role of pharmacists in health promotion and look at their relationship to other primary healthcare providers, such as GPs," says PHS director Roger Odd. "It will examine obstacles to effective pharmacy-based health promotion, activities such as lack of time, space or finance, and determine the way forward to overcome these obstacles to maximise the pharmacist's role."

Work on the project starts at the end of this month. Pharmacists or other healthcare professionals who would like to participate in workshops scheduled for September 23 and October 21 in central London should contact KPMG on 0171 311 4142.

Scottish stats

There were 4,324,940 prescriptions dispensed in Scotland in March at a total cost to the exchequer of £41,035,723. For chemist contractors, the ingredient cost per script was 849.70p, with a professional allowance of 41.83p and oncost of 0.19p. The gross total per script was 992.93 or 939.15p net. The average CD fees cost per script was 4.88p. In December, 1996, this was 4.05p, in January 4.46p and in February 4.67p.

Cancer fight

Boots' pharmacies in the UK are collecting left-over foreign holiday coins for the Cancer Research Campaign until September. CRC's 250 shops and some primary schools will be collecting foreign currency, too.

Drugs Net advice

The drugs charity, Institute for the Study of Drug Dependence, has launched an Internet site offering information on drug misuse and treatment. Its address is http://www.isdd.co.uk.

Coroners speak out on drugs

Lancashire coroners have called for GPs to prescribe methadone in daily rather than weekly amounts and for pharmacists to supervise addicts.

New thalidomide generation?

The parents of a four-year-old girl born with deformed arms and legs, are to begin a legal claim in which they maintain that birth defects caused by thalidomide can be inherited. Glenn and Deborah Harrison of Peterborough are seeking £50,000 damages and presenting their evidence to lawyers for Guinness, which took over Distillers, the drug's manufacturer.

High time for an upgrade

The recent rumpus over prescription fraud has served to highlight how antiquated procedures are for pricing up the FP10. It is time to apply modern technology, argues a senior community pharmacy manager

Prescription fraud has been prominent in recent weeks, with the finger of suspicion being firmly pointed at patients, doctors and pharmacists. The Government's response to a Department of Health scrutiny team report on the subject was to announce a series of measures to tackle a problem estimated at costing $70-$100 million a year.

Incorporating anti-theft and anti-counterfeiting devices during printing, rewarding the detectors of stolen or counterfeit forms, transferring script data electronically and greater use of computer detection by the Prescription Pricing Authority's fraud investigation unit were all put forward by new health minister Alan Milburn.

Then the BBC's 'Panorama' programme weighed in with what appeared to be a hastily-assembled report showing how easy it is to defraud the NHS, either by pocketing fees, claiming for drugs which have never been dispensed, or obtaining drugs for diversion overseas using prescriptions written for non-existent patients.

The programme let pharmacists off lightly. However, mention was made of the practice of destroying cheap scripts where a charge has been paid. A shot across pharmacy's bows was undoubtedly sent as the deputy director of the PPA's fraud unit explained how scripts were being submitted to pharmacies with the express intention of following them through the system.

No one can condone such a practice by any pharmacist, and the fact prescription fraud by health professionals is said to be negligible compared to that committed by patients is no cause for satisfaction. There may be pharmacists who view several successive years of Government-inspired financial attrition as just cause. The rules on the use of an FP10 as a private prescription could do with clarifying, though the health minister, for one, has suggested such a use is illegal.

There can be no doubt, however, that temptation rises along with the prescription charge. Root and branch reform of the prescription charge system would be one place to start if fraud is to be tackled properly. Remove the incentive and you remove the fraud.

The need for prescription charge review is widely advocated across the health service. Rationalisation of the exemption categories is British Medical Association policy. The Royal Pharmaceutical Society has also backed reform, including the removal of anomalies such as the blanket exemption from all charges of patients with an exempted condition.

In opposition, Labour MPs also argued for change, so it is disappointing that charges do not appear to be an active part of New Labour's strategy in government so far. True, tackling charges would be bold in year one of a parliament, but action in this area is one of the recommendations of the scrutiny team.

Archaic system

Some of the most depressing scenes in 'Panorama' were those shot within the PPA. I think we all had some inkling of how archaic the system of pricing must be, but to see it in all its glory was still something of a shock. The pricing staff who process in excess of 450 million prescriptions a year have to be efficient, but the system must be creaking at the seams.

Exemption checking, with an operator riffling through huge bundles of scripts in seconds, looked a complete joke. And this is a system in which pharmacy contractors invest huge amounts of trust. Hundreds of millions of pieces of paper, worth billions of pounds are processed by a system whose operation, using a telecommunications analogy, is closer to two tin cans and a piece of string than the information superhighway.

Anyone who has ever seen data from the Pharmaceutical Services Negotiating Committee's National Prescription Research Centre will know how accurate the pricing of scripts is – under- and overpayments in three figures are relatively common (more under than over). I am

afraid that now, not only am I concerned about the accuracy of pricing but I am also worried about how the PPA reconciles prescriptions in terms of their exempt or non-exempt status if a quick shuffle is all that is done.

It is surely time for prescription processing to be handled automatically. Pharmacy labelling and PMR systems are already fairly sophisticated: given a fair wind, they would be able to interface with a centralised payment system. If our friends and colleagues from over the Channel have managed it, I'm sure we can.

All quiet in Scotland

In Scotland, the SCRIPTS bar code trial sees prescription information transmitted directly to the pricing bureau, but things have gone pretty quiet up there since the initial publicity. Two general rumours abound: either technical difficulties are causing some problems or the brakes have been put on.

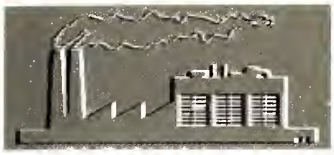
With any software development you might expect some teething troubles, but I would give more credence to the second rumour. An improved prescription pricing system should inevitably lead to an improved system of pharmacy payment: if pricing is automatic, then payment should be, too.

As we all know, an improved system of payment for pharmacists costs money, and Government departments, despite the brave words on prompt payment for businesses, are under close control. The problem for the Government is that the amount of money outstanding to pharmacy at any one time continues to increase with the drugs bill.

Putting that aside, however, it is clear that computer power will be employed to track down NHS fraudsters. Some of the frauds perpetrated as little as five years ago would be rapidly picked up today given the level of development of the systems admitted to in 'Panorama' (I suspect the systems are a lot more sophisticated than we are led to believe). If pharmacy systems were to directly interface with the PPA system for reimbursement purposes, then detection of fraud would be simplified still further.

Those of us with nothing to hide would be happy to see the system develop electronically, particularly if it came attached to speedier reimbursement. But if you're out there ripping up penicillin V scripts, then the only thing left to be said is that you have been warned.

INDUSTRY VIEWPOINT



Hazy days of PIANA

Those of you older than me (not many) may recall a musical called 'Salad Days'. I still remember some of the hit numbers, and one in particular seems appropriate at present: 'I'm Looking for a Piano', or perhaps today that should read 'I'm looking for a PIANA'.

Following the euphoria surrounding the launch of 'Pharmacy in a New Age', we in industry were delighted to see the Society taking a proactive initiative which seemed to promise that pharmacy could be active in developing its own future. Indeed, some elements of the industry were very positive in support.

So where is PIANA today? There seems to be a vacuum – no announcements of proposals, no requests for funding of projects that will drive pharmacy forward, in fact not much news at all.

Where is PIANA today? There seems to be a vacuum

There have been many ideas about what pharmacists should be doing, but talking to them the general complaint seems to be that they are busier than ever before, with no time to be undertaking the additional work implied in the early thoughts suggested by PIANA.

Speaking with colleagues within the manufacturing side of the business, there is a vague memory of the initiative, but again no understanding of the action that is planned, or the expectations of support from us.

I am sure that there will be developments at the British Pharmaceutical Conference. I only hope that the BPC does not become a moment when all the pent-up thoughts of the past year are unleashed on an unprepared industry. Projects of the size indicated by the initial work of PIANA require different timetables and proper co-ordination which, from an industry perspective, I fear will prove to be lacking.

I started with a reference to 'Salad Days', and I only hope that PIANA doesn't end up with the lettuce limp and soggy through over-dressing!

Contributed by a senior industry manager.

Topical Reflections

Stock up with ranitidine? On your bike!

When ranitidine was first launched as a generic, quantities were reported to be limited, so AAH introduced a rationing scheme which allocated purchases of the drug to the spend on Hillcross generics. This was a clever scheme to increase sales of its generic lines, but it quickly failed owing to the free availability of the generic GUK product from other sources.

Now, with the deadline for the free-for-all in ranitidine rapidly approaching, I have once again been told, though not this time by AAH, that supplies are to be limited. At the price of £23.70 presently being charged, 'Book your supplies now!' was the cry. 'On your bike!' was my reply.

It has been suggested that a shortage of raw material could be a limiting factor controlling both price and supply. However, I consider it inconceivable that, with the many years of warning of patent expiry available to the generic market, other raw material manufacturers are not producing ranitidine.

I have no wish for a repeat of the captopril pricing fiasco, but nevertheless Glaxo has had a fair crack of its patent whip and now that its expiry is imminent the free market must be allowed to take its natural course. An artificially restricted market, which unreasonably maintains high pricing levels, would not only be a restraint of trade, but would also be denying the NHS the much-needed resources generated by lower prices.

I am sure supplies will remain as freely available after the end of July as they have been since March, but if there is not a steady fall in the market price with increased competition, then questions may need to be asked!

Over-reacting to vitamin B6 concerns

The recommendation from the Medicines Control Agency that vitamin B6 should in future be restricted and the supporting advice from the Royal Pharmaceutical Society is all very well, but it does seem a little over the top.

I can dimly remember the original report that linked peripheral neuropathy to high-dose levels of vitamin B6, but that report was brought out in 1987 and I have seen no further published work on the subject.

Then, out of the blue, comes this latest warning, with 'embargoed', 'urgent message' and 'urgent within 24 hours' emblazoned across it. What was the hurry? Where were the press headlines the next day. As for the expected public panic, it never happened!

Now this is only one of a number of recent dramatic interventions by the MCA. First, there was paracetamol, then terfenadine and now vitamin B6.

In the first two cases, the principle of pharmacy control over medicines was being questioned, but in this latest foray the Agency primarily upset the supplements industry, whose retail members, I understand, were not even sent a copy of the warning!

What appears to be at stake is the back-door redefining, by unilateral action from the MCA, of the previous deregulatory policy that the public should have right of access to as wide a range as possible of effective OTC medicines.

Destructive proposals are being publicly announced and then put out to consultation. Rather like attempting to shut the stable door after the horse has bolted. The spectre of public safety issues will kill the product even if eventual considered evidence demonstrates the contrary view.

If the MCA considers that the legislation controlling medicines distribution is flawed, then it should put out for consultation proposals to change the law.

No medicine can be 100 per cent effective while being 100 per cent safe. The safety/efficacy profile of any OTC medicine is a balance which has to be assessed by the consumer and it is the community pharmacist's job to ensure that that decision is taken in the light of proper professional advice.

I would expect the MCA to support me in that role by providing accurate, up-to-date data rather than pursuing its apparent present policy of either deregulating or restricting medicines to the point where I may no longer exist!

SCRIPTspecials

Ethical additions

Ethical Generics has added Aciclovir 5 per cent cream (basic NHS price, £15.94) and Ranitidine Tablets 150mg (60, £27.89) and 300mg (30, £27.43) to its portfolio.
Ethical Generics Ltd. Tel: 01635 568400.

Cholestyramine powder

Cholestyramine Powder for Oral Suspension (180x4g sachets, basic NHS price, £50.55) has been introduced by Dominion Pharma.
Dominion Pharma Ltd. Tel: 01428 661078.

Goldshield's Fortipine

Goldshield Pharmaceuticals has acquired Fortipine LA40 (nifedipine) from Nycomed and all enquiries should be directed to Goldshield with immediate effect. Distribution will be controlled by AAH Pharmaceuticals.
Goldshield Pharmaceuticals Ltd. Tel: 0181 649 8500.

Inderetic 60s phased in

Inderetic 60-tablet packs are being phased in (basic NHS price, £5.85). Inderetic 100s should be used until stocks are exhausted.
Zeneca Pharma. Tel: 01625 712712.

New pack for ephedrine

CP Pharmaceuticals has launched Ephedrine Hydrochloride Tablets 15mg and 30mg in 28-tablet pots carrying basic NHS prices of £1.40 and £1.46 respectively.
CP Pharmaceuticals Ltd. Tel: 01978 661261.

Pen V from Generics (UK)

Phenoxymethylpenicillin (Penicillin V) Oral Solution 125mg/5ml (basic NHS price, £0.87) and 250mg/5ml (£1.09) is now available from Generics.
Generics (UK) Ltd. Tel: 01707 853000.

Ponstan targets period pain

Elan Pharma is targeting women suffering from period pain with the introduction of a seven-day pack of Ponstan (42 capsules, basic NHS price, £3.43). It is also sponsoring 'Woman2Woman', a £100,000 initiative designed to raise awareness of the problem and encourage women to seek help from their GPs.
Elan Pharma Ltd. Tel: 01703 620590.

Smallest BP monitor from Omron

Hutchings Healthcare has launched the world's smallest blood pressure monitor, which uses the finger to take readings.

The high-tech miniaturised Omron F3 (retail price $159.95) weighs only 120g and is smaller and more compact than the Omron 815F finger monitor, which is gradually being phased out.

The finger is inserted into the device which is held on a level with the heart for accurate readings. Once activated, a tiny pump inflates a cuff around the finger and a sensor starts to measure blood pressure and pulse. In addition, tiny infrared sensors record the changes in blood flow in the arteries of the finger to increase accuracy of results.

Omron F3 is currently being clinically validated, but tests have so far shown it to be as accurate as Omron's other blood pressure monitor range.

The device is expected to appeal to the young and health-conscious who want to measure their blood pressure on the move with minimum fuss.

The Omron F3, like other finger blood pressure monitors, is not suitable for the elderly whose 'stiffer' blood vessels may produce inaccurate readings. Wrist and cuff monitors are more suitable in such cases.

Hutchings Healthcare Ltd. Tel: 01273 495033.

MEDICAL MATTERS

Getting to the heart of alcohol abuse

Alcohol abusers often complain of indigestion, diarrhoea and chest problems without mentioning the central issue of alcohol.

Such disguises often make it difficult for sufferers to be diagnosed, referred and treated, said Dr Austin Tate, chairman of the UK Alcohol Forum and medical director at Marchwood Priory Hospital in Southampton. He was speaking at the Forum's launch of new guidelines on the management of alcohol problems in primary care and general psychiatry. The guidelines aim to raise standards of care by highlighting best practices. Some of the suggestions include:

- avoiding prescribing of chlormethiazole in assisted withdrawal at home, as overdose or combination with alcohol can lead to respiratory failure. Chlormethiazole is often used as a first-line sedative by GPs to combat withdrawal symptoms
- benzodiazepines are recommended for home withdrawal regimens, reducing to zero over five to six days to avoid problems of addiction
- a three-week regime of oral vitamin B complex
- excess coffee (more than three cups a day) or tea (more than five cups a day) should be avoided as it may lead to insomnia and anxiety
- relaxation techniques should be adopted to overcome the immediate desire for a drink.

Ganciclovir implant for CMV retinitis

A sustained-release ganciclovir implant is more effective than intravenous ganciclovir in delaying the onset of cytomegalovirus retinitis, according to an article in *The New England Journal of Medicine*.

Cytomegalovirus retinitis is the most common opportunistic eye infection in AIDS patients, and can lead to retinal necrosis and loss of vision if left untreated. Cytomegalovirus retinitis affects 15 to 40 per cent of AIDS patients.

A randomised study of 188 patients with AIDS and newly-diagnosed cytomegalovirus were randomly assigned an implant delivering ganciclovir 1mcg per hour, an implant delivering 2mcg per hour or intravenous ganciclovir. The progression of the cytomegalovirus retinitis infection was studied.

The median time to progression of retinitis was 221 days with the 1mcg implant, 191 days with the 2mcg implant and 71 days with IV ganciclovir.

However, patients treated with the implant alone remained at greater risk of developing CMV disease in the unaffected eye, and of developing an extraocular CMV infection.

Differences in the outcomes between the two implant groups were non-significant. The lower release rate implant may have been sufficient to treat the retinitis effectively, or the release rates may actually have been similar *in vivo*. Combination therapy of the implant with oral ganciclovir is being assessed.

NaSSA: holding the antidepressant key?

While NASA explores Mars, Organon Laboratories has been investigating NaSSA, a possible key to treating depression.

Noradrenaline and specific serotonergic antidepressant (NaSSA) is a new type of drug, which is thought to have advantages in terms of tolerability and speed of onset over the specific serotonin re-uptake inhibitors.

Data presented in London last week compared the performance of mirtazapine – the first NaSSA due to be launched in the UK by Organon in September – to fluoxetine in patients with moderate to severe depression over six weeks. Mirtazapine was found to be 40 per cent more effective at relieving the symptoms of depression than fluoxetine.

Natural selection

It's a jungle out there, and only the strongest survive. Nytol is the brand leader in the sleep aid market, a market which has grown from £3m to £12m in the three years since Nytol was launched. To continue this phenomenal growth, we've introduced a sleeping partner Nytol Herbal, for those who want a natural choice. Just like original Nytol, Nytol Herbal will be supported by national T.V. advertising, and will benefit from the same comprehensive brand identity at point-of-sale. It's time to open your eyes to new Nytol Herbal. After all, your customers can now make a natural selection.

New Nytol Herbal – Watch the market grow.

STAFFORD-MILLER AND YOU – BUILDING BRAND LEADERS.

COUNTERpoints

Efamol's liquids are easy to swallow

Efamol has introduced new liquid versions of three evening primrose brands.

Efamol Pure Evening Primrose Oil, Efalex and Efamarine are now available in easy to swallow formulations, with a lemon and lime flavour.

Each product provides the same constituents as the capsule formats, with added high-oleic acid sunflower oil, a polyunsaturated fat, which makes accurate quantities easier to measure.

Amber glass bottles are used to protect against deterioration of the contents as a result of exposure to light. The bottles also feature tamper-evident lids.

Retail prices range from £6.99 to £7.99.

Efamol Ltd.
Tel: 01483 304441.

Sleepia aims to wake up TV viewers

Pfizer Consumer Healthcare is supporting its Sleepia night-time sleep aid with a £1.5 million TV advertising campaign in August.

The commercial features a woman tossing and turning on waves of sleeplessness.

The advertising has been created to encapsulate the feeling of helplessness which can be brought on by sleepless nights and the peace and control which return when a normal sleep pattern is resumed.

Combining line drawings with an unusual Nordic tune, it uses the theme 'Sleepia – helps to restore your natural sleep pattern'.

Pfizer Consumer Healthcare.
Tel: 01420 84801.

Dual approach for Candida Cleanse

G&G Food Supplies has introduced a new Candida Cleanse pack, with a dual approach to intestinal tract problems.

It incorporates a herbal formula based on the results of Canadian researcher Dr Hulda Clark's studies into the causes of intestinal parasites.

The formulation includes vitamin C (ascorbic acid) to fight infection.

Retailing at £19.95, the pack includes 100 capsules of wormwood, 180 capsules of cloves, 20ml green walnut tincture and 100 capsules of Candida Cleanse Formula.

G&G Food Supplies Ltd.
Tel: 01342 312811.

Sleeping soundly with Seven Seas' Slumber Cup

Slumber Cup, a herbal elixir, is being extended nationally by Seven Seas.

Containing natural herbal flavourings of passiflora and valerian, as well as extracts of chamomile or elderflower, Slumber Cup is being marketed to help people relax before going to sleep.

The liquid, which should be diluted to make a hot drink, comes in two flavours: red cherry and blackcurrant; and apple, grape and orange. It is enriched with B vitamins and also contains cinnamon, nutmeg and ginger.

Slumber Cup has already been on trial for ten months in the North West, where it gained 91 per cent pharmacy distribution and "substantially increased total sleep aid sales", says the company.

The launch will be supported with a £600,000 campaign in the national press, on television, in women's magazines and in in-store promotions.

Slumber Cup is not a licensed medicine, although a year-long trial to evaluate its success is taking place at the Sleep Disorder Centre at St Thomas' Hospital, London.

Slumber Cup retails at £3.89 for a 250ml bottle.

Seven Seas Health Care Ltd.
Tel: 01482 375234.

TV boost for Diflucan One

Pfizer Consumer Healthcare is supporting the Diflucan One oral treatment for vaginal thrush with a £1.5 million advertising campaign this summer.

On air in August will be a TV commercial which highlights the product's discretion, convenience and speed in treating thrush.

The advertisement will be screened on ITV, Channel 5 and satellite television. It will be coupled with an uplift in women's press advertising.

Special deals are available from the manufacturer's salesforce both before and during the TV campaign.

Pfizer Consumer Healthcare.
Tel: 01420 84801.

No more holiday diarrhoea worries with Imodium

Imodium anti-diarrhoeal is back on TV next week with a third commercial in the brand's £3 million 'eyes' advertising campaign which started in May.

On air from July 21, the new execution features a parascender enjoying his holiday trip without the worry of diarrhoea.

The first two commercials in the series, featuring a Grenadier guard and a crane driver, have boosted the brand's rate of sale by 75 per cent, according to Johnson & Johnson MSD.

It estimates that holidaymakers account for a 20 per cent increase in anti-diarrhoeal sales during the summer.

Johnson & Johnson MSD Consumer Pharmaceuticals.
Tel: 01494 450778.

FLYING DOCTOR

NEW **Anthisan™ PLUS**

STING RELIEF SPRAY

mepyramine/benzocaine

FAST, ANAESTHETIC STING RELIEF

ential Information. Anthisan Plus Sting Relief Spray. Presentation: metered dose spray containing mepyramine maleate 2%w/w and benzocaine 2%w/w. **Indications:** Symptomatic f in insect bites and stings, jellyfish and nettle stings. **Dosage:** Adults, elderly and children over 3 years. Pressing the nozzle once delivers a single metered dose. Two to three metered doses to prayed onto the site of the bite or sting, two or three times a day for up to three days. Early application is essential to obtain optimum response. **Contraindications:** Hypersensitivity to any he ingredients, eczemous conditions. Not to be used on extensively broken skin or near eyes or mouth. **Warnings** Repeated applications for longer than a few days are not recommended treatment should be discontinued immediately if skin sensitisation occurs. Spray should not be applied near naked flames. Effects on ability to drive and use machines: none when used as mmended. **Pregnancy and lactation:** should not be used unless considered essential by a physician. **Side effects:** hypersensitivity reactions. **Product licence no.** PL12 0309 held by Rhône-Poulenc Rorer, Kings Hill, West Malling, Kent, ME19 4AH **Legal category** P **RSP** 60 dose £3.49. 180 dose £4.49. Prepared April 1997.TM - ANTHISAN is a Trademark

RHÔNE-POULENC RORER

Getting in the mood for a Masterblend

Masterblend is a new range of aromatherapy oils from Tisserand to enhance mood.

The four blends – Energy, Passion, Euphoria and Serenity – are for vaporisation and should not be used on the skin or in the bath. A few drops should be added to a burner or vaporiser. Each 9ml bottle (retail £5.99) contains 180 drops.

Energy contains a blend of Florida grapefruit, Spanish lemon leaf, Moroccan peach leaf and Javanese vetiver. Passion includes Madagascan ylang ylang, Indian jasmine, French blackcurrant bud and Tahitian lime. Euphoria combines French clary sage, Paraguayan orange leaf, Indian amyris and Himalayan cedarwood. Serenity has Bulgarian rose, Indian sandalwood, Brazilian linaloe and Madagascan vanilla.

To coincide with the launch of Masterblend, Tisserand has extended its range of burners for vaporisation to include jungle green and blue algae colours retailing at £9.90 each.

Aromatherapy Products Ltd.
Tel: 01273 325666.

Huggies 'drier brigade' to the rescue

Kimberly-Clark is investing £6 million in TV advertising for its Huggies Rapid Dry nappies.

Running until mid-August, the campaign features the Huggies 'drier brigade' coming to the rescue of a damp baby damsel in distress.

The 20- and 30-second commercials focus on the brand's improved 'rapid dry' layer, which is designed to draw liquid away from the skin to keep it drier.

Kimberly-Clark Ltd.
Tel: 01622 616000.

ON TV NEXT WEEK

Clairol Herbal Essences: All areas

Clarityn Allergy: C, GMTV

Colgate Sensation toothpaste: All areas

Dettol Antiseptic Pain Relief Spray: All areas

Feldene P Gel: All areas

First Response: ITV

Imodium: All areas

Jungle Formula: C, A, HTV, W, M, GMTV

Listerine: C, A, M, LWT, CAR, C4, Sat

Pantene: All areas except GMTV

Wella Experience: C4

Wilkinson Sword FX Performer: All areas

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

Roll over for smooth operator

New to the Daen hair removal range are Roll-on Depilatory Warm Wax and Warm Depilatory Wax. Both are heated in the microwave and have a low melting temperature suitable for sensitive skins.

Each box of Roll-on Depilatory Warm Wax (£4.99, 50ml) contains one roll-on applicator, ten strips and two azulene oil tissues.

Warm Depilatory Wax packs (£6.49, 200ml) contain one pot of wax, 14 strips, four azulene oil tissues and one spatula.

David Hart.
Tel: 01992 522123.

Sensitive solutions from T-Zone

Brodie & Stone has introduced T-Zone Sensitive for over-sensitive skin. The range is formulated with oat protein, which has therapeutic and soothing effects. It also contains the cleansing and anti-bacterial properties of tea tree extract.

Products include Sensitive 2 in 1 Cleanser Toner (£3.79, 200ml), Sensitive Oil Free Moisturiser (£3.79, 200ml) and Sensitive Soap Free Facial Wash (£3.29, 150ml).

Brodie & Stone plc.
Tel: 0171 278 9597.

Brushing up shaving technique

A new shaving brush applicator for use with aerosol foams and gels will be available from October.

The Culmak Autofoam Dispensing Applicator has been developed for an improved shave from aerosol preparations. It is designed to make shaving less messy and more comfortable.

The applicator is used by placing the valve opening on its base over the aerosol can and pressing down until the preparation appears within the bristles. Retail price will be £7.50.

Culmak Ltd.
Tel: 01438 726160.

Guerlain refreshes Mitsouko

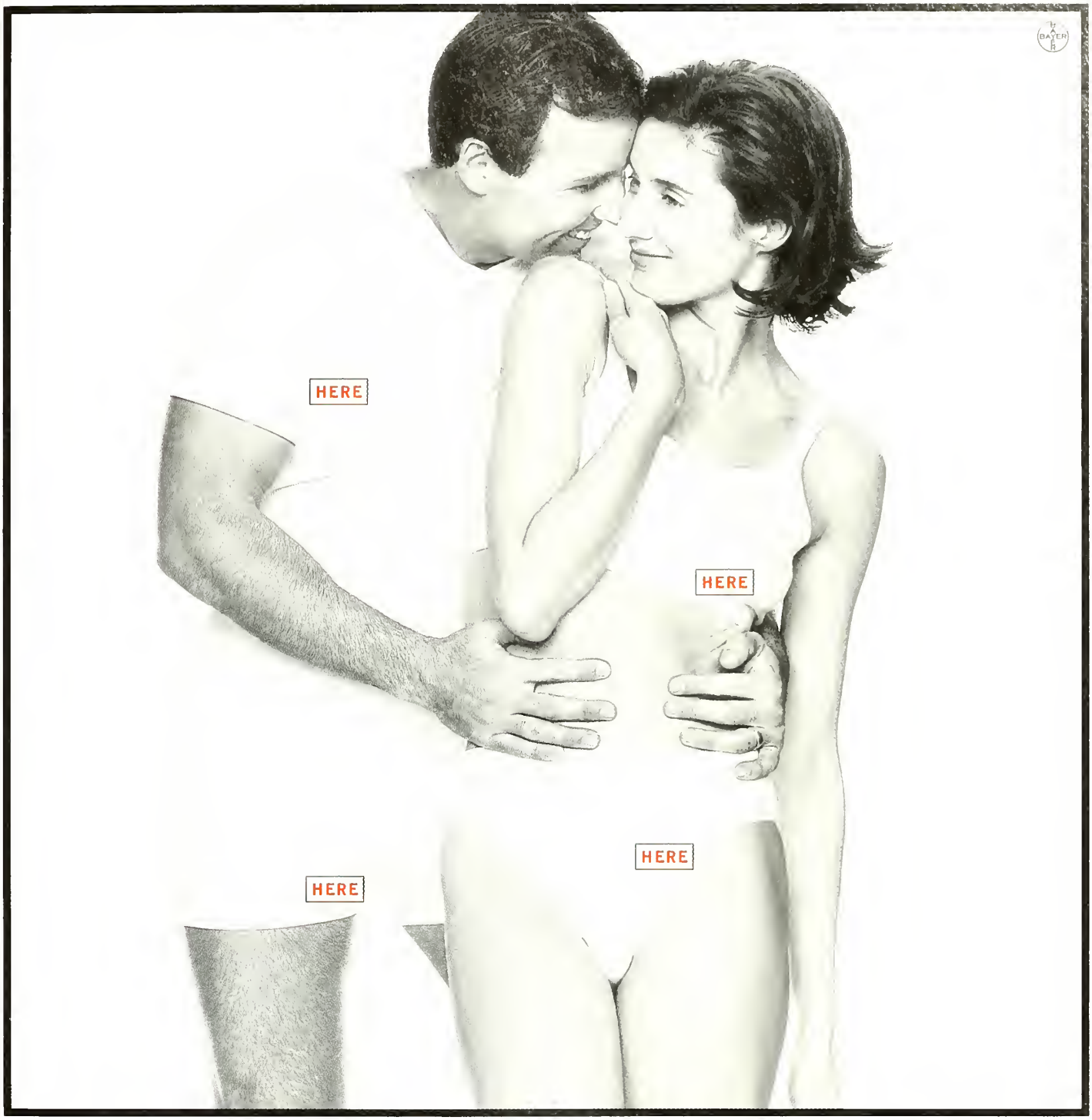
Guerlain has updated Mitsouko with new packaging and a reformulation of the fragrance's body lotion and body creme.

Mitsouko eau de toilette and eau de parfum have dropped the simple bottle in favour of a more ornate vessel.

The new packaging has also extended to the Mitsouko body care range, which was previously presented in turquoise livery. The perfumed body lotion and body creme have also been reformulated with extracts of pearl protein.

The updated range is available from the end of September.

Guerlain Ltd.
Tel: 0181 998 1646.



Even your coolest customers will itch for Canesten Hydrocortisone.

At last, there's an OTC combination of hydrocortisone and clotrimazole.

Canesten Hydrocortisone is unique. So, it'll effectively hit the spot for your many customers who suffer from candidal sweat rash.

We'll be offering a cool solution to their burning itch with an eye catching national advertising campaign, POS and educational customer support leaflets.

Canesten is the most effective name in this sector. Don't miss this opportunity for a cool profit.

Canesten® Hydrocortisone

Clotrimazole BP 1.0% Hydrocortisone Ph.Eur. 1.0%

Cools and gets rid of candidal sweat rash

Taking a look State-side

Winners of the 'From Practice to People' awards in November last year, husband and wife team Ash Pandya and Mahua Das chose to attend the American Society of Health-system Pharmacists Annual Meeting 1997 in Minneapolis as their prize

The ASHP encompasses pharmacists from all aspects of the profession, although it appears to be heavily geared towards institutional pharmacists. However, in the US system, they can also be very actively involved in primary care.

The mission of the ASHP is to provide leadership that will enable pharmacists to:

- extend pharmaceutical care focused on achieving positive patient outcomes through drug therapy
- provide services that foster the efficacy, safety and cost-effectiveness of drug use
- contribute to programmes and services that emphasise the health needs of the public and the prevention of disease
- promote pharmacy as an essential component of the healthcare team.

As one of the ways of achieving these aims, the ASHP holds two meetings per year. The annual gathering is attended by 6,000 to 8,000 delegates and a mid-year clinical conference, usually in December, can accommodate anything from 12,000 to 15,000 delegates. The size, content and organisation of both are breathtaking.

The event is over five days, with the bulk of the work being conducted in the middle three. The meeting was composed of:

- educational seminars – all carry the equivalent of CPPE credits
- round table discussions – an informal forum
- poster sessions
- trade exhibition – similar to Chemex, but mainly attended by drug companies.

In between all this activity there are educational seminars organised by drug companies at the various local hotels for breakfast (between 6.00am and 8.00am) and dinner (between 7.00pm and 11.00pm).

The educational seminars ranged from topics such as financial management to alternative therapies to pain management in oncology. There would be anything up to five, three-hour seminars going on at any one time, with each being split into four or five sections.

Amazingly, each speaker started and finished exactly in the time allocated, allowing the delegates the opportunity of moving between the sessions, picking and choosing those they were most interested in.

The seminars were well presented and used a whole range of multi-media presentation aids, including one which used teleconferencing to link into a local hospital pharmacy unit to demonstrate the possibilities of tele-medicine.

All the seminars, be they clinical or managerial, carried continuing education credits, which in the case of American pharmacists is mandatory.

The round table discussions were more informal and allowed for a one to one discussion on current pharmaceutical issues. Topics ranged from formulary management and the changing role of the pharmacist in managed care to the impact and opportunity of integrated healthcare delivery systems.

These discussions were hosted by a co-ordinator with relevant experiences, who allowed the participants to learn from one another. This led to highly-stimulating discussions and resulted in everyone coming away with some fresh ideas.

The poster sessions were probably the most interesting of all. They described on one poster the method, result and conclusion of a project that had been conducted by the participants.

There were at least 30-40 presentations each day. There were a number of projects on examining healthcare errors, and also on the challenges and opportunities in managed care. It was interesting to note that large numbers of the patient surveys were conducted on the telephone, even though some took up to an hour. This, they felt, speeded up the process and provided just as effective results.

The exhibition was mainly hosted by drug companies, which also hosted the extra curricula seminars. It was apparent that, because of the changing role of pharmacy in the States, drug companies tend to view pharmacists as just as important to promote to as physicians. On a lighter side, this resulted in extremely good freebies!

The conference as a whole was both interesting and stimulating. It gave us a very good insight into the changing role of pharmacy in the US and also pointers as to what is likely to happen on this side of the pond.

It was refreshing to see pharmacists at all levels of the health system starting to be used for advisory purposes on issues such as formulary management and disease state management. The paymasters in America tend to be the large insurance companies, and they have, at last, realised the cost-effectiveness of using pharmacists in drug and disease management.

What pharmacists can do is very apparent and is already happening in the States. If we truly are in a market economy and concerned about costs, then our paymasters must also look at the cost-effectiveness of using the expertise of pharmacists, which has already been proven.

Do you parlez INCI?

By the end of 1998, all cosmetic and personal care products sold in the pharmacy must carry full ingredient listings. As Sarah Thackray reports, this isn't as simple as it sounds ...

The latest amendment to the EC Cosmetic Directive means all cosmetic and personal care products supplied to retailers must carry full ingredient listings by the end of this year.

Products supplied to consumers must be ingredient labelled by the end of 1998.

This information will be identical for products across the European Union, but this is where customers will get confused because the ingredients are not listed in English.

Manufacturers will have to identify ingredients using the International Nomenclature of Cosmetic Ingredients (INCI).

For example, water is referred to as *Aqua*, mineral oil as *Paraffinum Liquidum* and beeswax as *Cera Alba*.

Ingredient labelling is necessary because some people are allergic to certain ingredients of cosmetics and toiletries. Although the numbers are small, the effects can be quite serious.

Some people are allergic to fragrance and others to ingredients such as preservatives which are used to prevent moulds and bacteria growing in the products.

People with allergies have previously had to write to individual manufacturers to ask which products were free of the ingredients concerned.

Easy access

The EC Cosmetic Directive is intended to help these people by giving them immediate access to full ingredients listings at point of sale or on the product itself. By checking the ingredients on the label, customers can find out which products they should avoid.

INCI is a standardised identification system developed to provide a harmonised way of labelling across Europe. This is necessary to maintain the free circulation of products in the European Union.

Colours are listed by the use of a Colour Index Number abbreviated to CI followed by five numbers, eg CI 42053.

The presence of perfume is described by the words *parfum* or *perfume*. Aroma is indicated by the words *flavour* or *aroma*.

(+/- ...) means the product may contain any or all of the ingredients in the brackets.

If the product is in an outer package, such as a carton, the labelling will be on the carton.

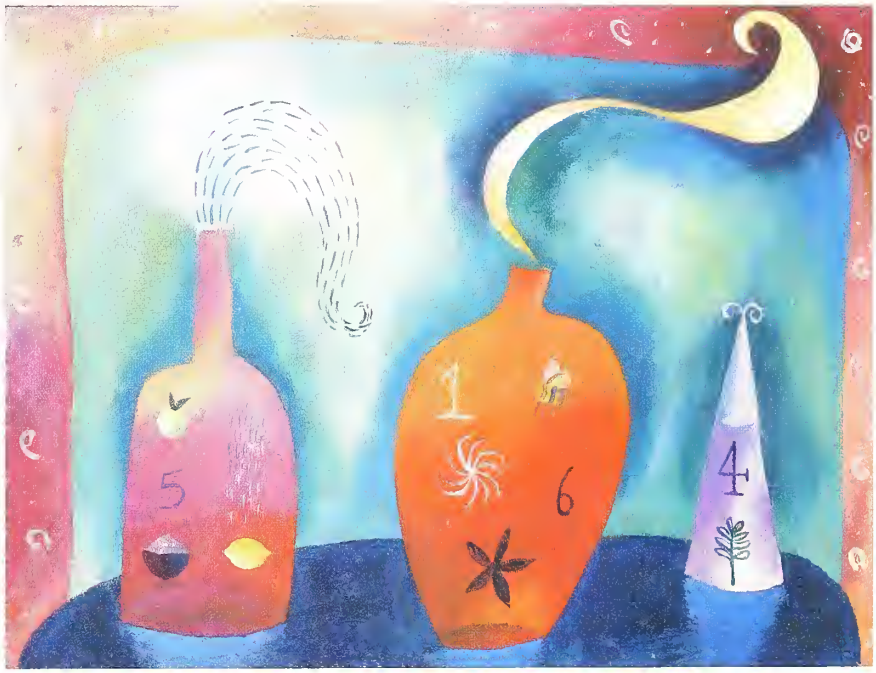
Certain small products are impractical for manufacturers to label. In these cases, the ingredient listing may be on a leaflet. This is indicated by a symbol of a hand pointing to the open book logo on the outer packaging.

The listing may also be on a card which should be displayed close to where the product is merchandised in-store.

If customers require further information on any ingredients used, they should be referred to the relevant manufacturer.

Understanding INCI

The full INCI list features over 6,000 ingredients, but our at a glance guides give the standardised names for a selection of the more common items.



Examples of INCI names of natural ingredients which appear in toiletry products

Product	INCI name
aloe vera	aloe barbadensis
apricot	prunus armeniaca
bergamot	citrus bergamia
bitter almond	prunus amara
brazil	bertholletia excelsa
cashew	anarcardium occidentale
cocoa butter	theobroma cacao
cod liver oil	gadi iecur
cucumber	cucumus sativus
dandelion	taraxacum officinale
egg	ovum
evening primrose	oenothera biennis
ginger	zingiber officinalis
ginseng	panax ginseng
grapefruit	citrus grandis
hazel	corylus rostrata/-americana/avellana
jasmine	jasminum officinale
jojoba	buxus chinensis
lavender	lavandula augustifolia
lemon	citrus limonum
lilac	syringa vulgaris
macadamia	macadamia ternifolia
mango	mangifera indica
milk	lac
mineral oil	paraffinum liquidum
mixed fish oil	piscum iecur
peach	prunus persica
peanut (oil or flour)	arachis hypogaea
saffron	crocus sativus
sandalwood	santulum album
sesame	sesamum indicum
sweet almond	prunus dulcis
vegetable oil	olus
walnut	juglans regia/nigra

Examples of INCI names of compounds which may be unsuitable for those with skin conditions

INCI name	Chemical name or common name	Examples Trade name(s)
formaldehyde	formaldehyde	
2-bromo-2-nitropropane-1,3-diol	formaldehyde releasers	Bronopol
DMDM hydantoin		
imidazolidinyl urea		Germall 115
diazolidinyl urea		Germall II
quaternium-15		Dowicil 200
methylchloroisothiazolinone (and) methylisothiazolinone		Kathon CG Euxyl K100
lanolin (and derivatives)	lanolin/wool alcohols	Amerchol L101
	parabens	
methylparaben	methyl 4-hydroxybenzoate	
propylparaben	propyl 4-hydroxybenzoate	
parfum	perfume, fragrance	
colophonium	colophony, rosin	
tosylamide/formaldehyde resin	toluene sulfonamide formaldehyde resin	Santolite Resin
methyldibromo glutaronitrile		Euxyl K400
p-phenylenediamine	PPD	
BHT	butylated hydroxytoluene	
benzophenone-3	oxybenzone	Eusolex 4360
butyl methoxy-dibenzoylmethane		Eusolex 9020 Parsol 1789
octyl dimethyl PABA		Eusolex 6007
octyl methoxycinnamate		Eusolex 2292 Parsol MCX

Win £500

in 40 seconds with Lynx!

How would you like the chance to win £500 in under a minute for the price of a telephone call? On Monday 21 July that chance could be yours.
Elida Fabergé, the makers of the revolutionary £102 million megabrand Lynx, are offering three lucky readers the chance to scoop £500 each just for answering a very easy question.
The first three people to correctly answer the question will win. So what are you waiting for? Pick up the phone and in 40 seconds you could be £500 better off.

Question:

The new Lynx fragrance – Inca – was launched earlier this year, and the brand was supported by a £7 million advertising spend. What are the names of the other five fragrances in the range?

How to enter:

As soon as the clock strikes 8.00am on Monday 21 July, ring 0171 734 7337 with the answer to the above question. As soon as you call, you will find out if you've won or not. Don't forget, put the date in your diary and start dialling at 7.59am. Good luck.

Rules 1 Entry is open to employees in the retail trade **2** Entry is not open to employees of Elida Faberge nor Miller Freeman, their families or their companies' agents. **3** The telephone line will only be available on Monday 21 July 1997, between 8.00am and 1.00pm. No entries will be considered after that time **4** The first three correct callers will win £500. **5** The winners' names will be available from Coveney Butler Communications on Tuesday 22 July 1997 **6** Once the winners have been announced, no correspondence will be entered into.

Switch Retailers Go Solo

July 1997 sees the launch of an exciting new product from Switch - the UK's leading debit card scheme. Named Solo, the new card has been created for people who do not currently have a payment card and marks an important advance in the development of payment systems.

8 Million More Cardholders

If you already accept Switch then you will be no stranger to the benefits it offers the retailer. The same benefits will apply to the new Solo card.

Switch research shows that customers are particularly keen to use debit cards for pharmacy goods as well as other everyday purchases - such as their toothpaste and shampoo - as they like to pay as they go along with a payment method that debits the money directly from their current account. The arrival of Solo means that many more of your customers will be able to take advantage of this sensible, simple way to pay.

For an estimated eight million new cardholders Solo will provide speed, ease and convenience at the till, eliminating the need to write out a cheque or carry large amounts of cash. And, like Switch, there is no pre-set spending limit per transaction for Solo, so cardholders can access the full extent of available funds on their account.

Added Benefits

Nigel Turner, Head of Marketing and Strategy at Switch Card Services, says: "We are very excited to be launching Solo and are sure that it will prove as popular as Switch with retail pharmacists.

He continues: "Acceptance of Solo offers retailers tremendous advantages, such as increased protection from fraudulent activity, swift, fully electronic authorisation and reduced back office administration. What is more, our experience with Switch indicates that customers who opt to pay by debit card often make higher value purchases and buy several items rather than just one, so retailers may well see an increase in the value of individual transactions."

Tried and Trusted

Solo is based on the same tried and tested technology as Switch and offers a fast, convenient and secure method of payment. An all-electronic product, Solo will use EPOS systems for processing transactions - saving you time and effort every day.

Like Switch, with Solo there will be no need to "cash-up" at the end of the day: a simple procedure at close of business will total Solo receipts taken that day. This, in turn, offers added security for your premises which is obviously an increasingly important requirement in an industry where staff often work long and late hours.

Existing Terminal

The last few years have already seen a significant decrease in terminal costs, to as little as 50 pence per day. More good news for those of you who already accept Switch is that the same terminal that you are currently using could now also accept Solo cards: in many cases it will simply be a question of contacting your bank to arrange for a simple upgrade.

As with Switch, there is a flat rate charge for each Solo transaction which is negotiated individually between yourself and the acquiring bank of your choice.

Money in the Bank

The difference between Switch and Solo is that for Solo, each and every transaction is authorised. So, as a retailer you can be secure in the knowledge that the required amount is available in the cardholder's account. Designed for a different audience, Solo has been developed for use by teenage customers (14-18 year olds), adults who are new to banking and consumers holding deposit or savings accounts, as these accounts do not generally offer the flexibility to go overdrawn.

Another important benefit of Solo is that, like Switch, payment is guaranteed at the time of purchase providing you follow the guidelines set down by your bank - so gone are the days of the costly and time-consuming bounced cheque! In addition, your business account is automatically credited a few days after the transaction, saving you valuable time.

Switch Success

Since its launch in 1988 Switch has gone from strength to strength, proving an extremely popular payment method for pharmacies throughout the country. There are currently 17 million Switch cardholders in the UK who make over 60 million transactions every month in more than 285,000 outlets nationwide. The addition of Solo to the Switch portfolio promises to be just as exciting - opening up new market opportunities for retailers everywhere.

For a free leaflet on how taking Solo can benefit your business, please call freephone 0800 413415.

SOLO

PHARMACY update

The ABC of hepatitis

Hepatitis, meaning inflammation of the liver, can be caused by any number of viruses, all characterised by different presentations and routes of transmission. Dr Janie Sheridan, research pharmacist at the National Addiction Centre in London, puts the spotlight on the more common forms

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 61), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* AUGUST 9, PROVIDES 1 HOUR OF CONTINUING EDUCATION

OBJECTIVES

- To define hepatitis
- To be aware of the different types of hepatitis
- To be familiar with the characteristics of hepatitis A, B and C
- To be familiar with management and treatment
- To recognise risk factors of infection

Hepatitis is an inflammation of the liver caused by infection with a virus or by drugs and alcohol. It is characterised by hepatocellular necrosis and may be acute or chronic. There are a number of types of viral hepatitis, the most commonly known being hepatitis A, B and C. In addition to these, there are several other types, which have been summarised in Box 1.

Hepatitis can be contracted from contaminated food and water on holiday

Hepatitis A

Hepatitis A (HAV) is classified as an enterovirus. It is able to survive for long periods in wet environments. Infection is via the faecal-oral route and is commonly contracted by drinking or eating contaminated food or water. It is also common in individuals who travel to parts of the world where public hygiene is poor.

HAV can also be transmitted as a result of close contact between individuals. Food which has been prepared by someone with the infection may become contaminated, as will food which has been cleaned with contaminated water. Therefore, care should be taken when eating food such as salads, raw vegetables and fruits to ensure that it has been adequately washed in clean water. Shellfish are also risky as they filter contaminants out of the water in which they live.

It is common for outbreaks to occur in close communities such as schools and nursing homes.

Presentation

The acute phase is characterised by feelings of malaise, headache, nausea and vomiting, diarrhoea and abdominal pain. Jaundice may occur with symptoms which include yellowing of the whites of the eyes, yellowish skin, dark urine and light-coloured stools. Some individuals will be asymptomatic. The incubation period is two to six weeks.

Very few individuals suffer serious chronic consequences of this infection, although they may feel tired for some time afterwards. The risk of chronic consequences is very low and increases with age. Infection confers lifelong immunity to this type of hepatitis. Patients will be advised to rest and avoid alcohol, and any other drugs which may stress the liver.

Management

The risk of contracting HAV may be reduced by avoiding ingestion of contaminated food and water, and maintaining good personal hygiene. A vaccination is also available for travellers, either for short-term protection (immunoglobulin) or longer-term (Havrix, Avaxim).

The current *BNF* suggests that the following groups should receive vaccination:

- travellers to high-risk areas
- laboratory staff working with the virus
- haemophiliacs treated with factor VIII or IX

Continued on PII ▶

Box 1: types of hepatitis

Type	Also known as	Transmission	Mortality	Chronicity
A	infectious	oral/faecal	low	No
B	serum	parenteral	high	Yes
C	post-transfusion non-A, non-B	parenteral	low	Yes
D	delta	with hep B	high	Yes
E	enteric	oral/faecal	high in pregnancy	No
F	fulminant	?	high	?
G	Non-A, non-B	parenteral	low	Yes

Blood transfusions

Haemophiliacs treated with factor concentrates before 1986 and those who received blood transfusions prior to 1991 are at risk of having contracted HCV. Transmission via the transfusion route is thought to carry a higher risk of developing chronic hepatitis (50-70 per cent of cases), while transmission via other routes (eg injecting drug use) carries less of a risk (10-50 per cent). Since 1991, blood has been tested for HCV, but it is best to advise anyone infected with HCV not to donate blood or organs.

◀ *Continued from PII*

- those at risk due to their sexual practices.

The *BNF* also suggests other groups that should be considered for vaccination.

Where an outbreak of HAV has occurred in those handling food, the individual should be kept away from work for two weeks after the first signs of jaundice and other workers should be told to report any illness during a period of 12 weeks after that.

Hepatitis B

Hepatitis B (HBV) is classified as a hepatitis DNA virus. It is spread via contaminated body fluids: saliva, blood and semen (not urine unless contaminated with blood). It may be transmitted from mother to child, or by sharing contaminated injecting equipment or via sexual contact. HBV is 100 times more infectious than HIV and may even be transmitted through a contaminated razor blade or a scratch in the skin.

Presentation

The acute phase is very short, incubation is about two to three months. The first signs are malaise and rash, although many individuals will be asymptomatic. Jaundice may present following this, but 90 per cent will recover fully.

However, a small number suffer liver failure which may lead rapidly to death. Others will pass to the chronic phase which can either be mild (normal liver function or mild liver damage) or aggressive leading to cirrhosis or liver cancer. Sufferers fail to produce antibodies to HBV and are infectious to others.

Management

HBV may be prevented by vaccination (for example, Energix B, H-B-Vax II and Twinrix, which combines protection against HAV and HBV). The World Health Organisation has recommended that, by 1997, all governments should include HBV vaccination in their immunisation programmes. Although many developed countries have adopted this, the UK is still lagging behind.

The vaccine is given at time zero, after one month and again six months later. Two to three months after this, antibody levels are checked and should be checked every year in those at risk. It is important to be aware of methods of avoiding infection before full immunity is acquired. A booster may be needed after five years.

The following may be at risk from HBV and should be considered for vaccination:

- intravenous drug users
- individuals who have a number of sexual partners
- close family contacts with a case or carrier
- infants born to mothers who contracted the infection during pregnancy or who are positive for HBV surface antigen
- haemophiliacs
- people receiving regular blood transfusions
- renal failure
- healthcare professionals who are in contact with high-risk groups.

A number of other groups should also be considered, and a complete list is given in the current *BNF*. For those who have contracted the infection, and are in the acute phase, interferon may be given for two to six months, three times a week.

Hepatitis C

HCV, formerly known as non-A/non-B hepatitis, is transmitted via infected body fluids, mainly blood, and mainly via injecting. The degree of infectivity is determined by the levels of viral RNA in the blood. Patients are believed to be infectious from one or more weeks prior to onset of symptoms and indefinitely from then on.

The amount of virus required for successful transmission is much lower than for HIV, but more than for HBV. The virus may survive heat, cold and drying out. There is evidence that HCV can be sexually transmitted, although it appears to be a less significant route. The virus may also be transmitted from mother to child during pregnancy or during birth. Other modes of transmission are:

- unsafe tattooing and body piercing
- occupational transmission (eg needle stick injuries). The average risk after a needle stick injury with HCV-infected blood is less than for HBV, but higher than HIV
- household transmission – although very rare, this may occur where there is blood to blood contact with open skin, eg sharing a razor or toothbrush
- breastmilk – HCV has not yet been identified in breast milk and therefore risk is unlikely. However, mothers should check for cracked nipples, which may bleed, prior to each feed. It is safer to use bottled milk, but there are the advantages of breastfeeding to consider.

Testing for HCV

There are several reasons for testing for HCV. First of all, anyone with unexplained liver function abnormalities should be tested. Additionally, IDUs who adopt unsafe injecting practices may wish to be tested. This may also apply to partners of those who are HCV positive.

As yet, there is no test available for the HCV antigen. However, antibodies may be detected 12 weeks after an acute infection, but detection may take up to six months. The antibody test does not distinguish between someone who has had previous exposure and someone who is an active carrier.

To detect viraemia a polymerase chain reaction test (PCR) is used. This converts viral RNA to DNA and then replicates it until there is enough to be detected. The PCR test can also be used to give an estimation of viral load. However, the test is expensive and is only available in specialist treatment centres.

HCV presentation

As with all hepatitis infections, there are two phases: the acute phase and the chronic phase.

The incubation period for the acute phase is one to 26 weeks. The patient is often asymptomatic, or may have mild symptoms of fatigue. A few have acute hepatitis or jaundice.

If hepatitis lasts longer than six months, the patient will be diagnosed as suffering from chronic HCV. Diagnosis is confirmed by jaundice, abnormal liver function tests and histological appearance of liver cells. Chronic infection may lead to cirrhosis after 20-40 years (10-20 per cent), and

Continued on PIV ▶

HCV and injecting drug users

A far greater problem than transmission through blood transfusions is the issue of HCV infection among intravenous drug users, particularly in the context of harm reduction.

The issue for healthcare is the long incubation period and the fact that, of those infected, about half will progress to chronicity and maybe half of those are estimated to get cirrhosis. A a smaller proportion will contract liver cancer.

As yet, no immunisation is available. This has huge cost implications for the future, as it will take many years for these cases to emerge. The high infectivity of HCV means that injecting practices also have to be considered.

It is believed the virus may also be transmitted via contaminated IDU paraphernalia, such as filters and spoons.

'OMIG'

nsult Summary of Product
aracteristics before prescribing.
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e Acute treatment of migraine with without aura.

sentation Tablets containing 2.5mg olmitriptan.

sage and Administration The ommended dose of 'Zomig' to treat igraine attack is 2.5mg

ymptoms persist or return within hours, a second dose has been wn to be effective If a second dose equired, it should not be taken within ours of the initial dose.

atisfactory relief is not achieved, sequent attacks can be treated with g doses.

patients who respond, significant cacy is apparent within 1 hour of sing.

the event of recurrent attacks, it is ommended that the total intake of mig' in a 24 hour period should not ceed 15mg.

mig' is not indicated for prophylaxis migraine.

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ntra-indications Hypersensitivity any component of 'Zomig' and controlled hypertension.

ecautions A clear diagnosis of graine must be established Care uld be taken to exclude other tentially serious neurological nditions. No data in hemiplegic or silar migraine.

mig' should not be given to patients th Wolff-Parkinson-White syndrome arrhythmias associated with other diac accessory conduction pathways. mig' is not recommended in patients th ischaemic heart disease. In patients whom unrecognised coronary artery sease is likely, cardiovascular aluation prior to commencement of eatment is recommended.

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ndesirable Effects Nausea, dizziness, mnolence, warm sensation, asthenia d dry mouth have been the most mmonly reported

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egal Category POM.

roduct Licence Number 12619/0116.

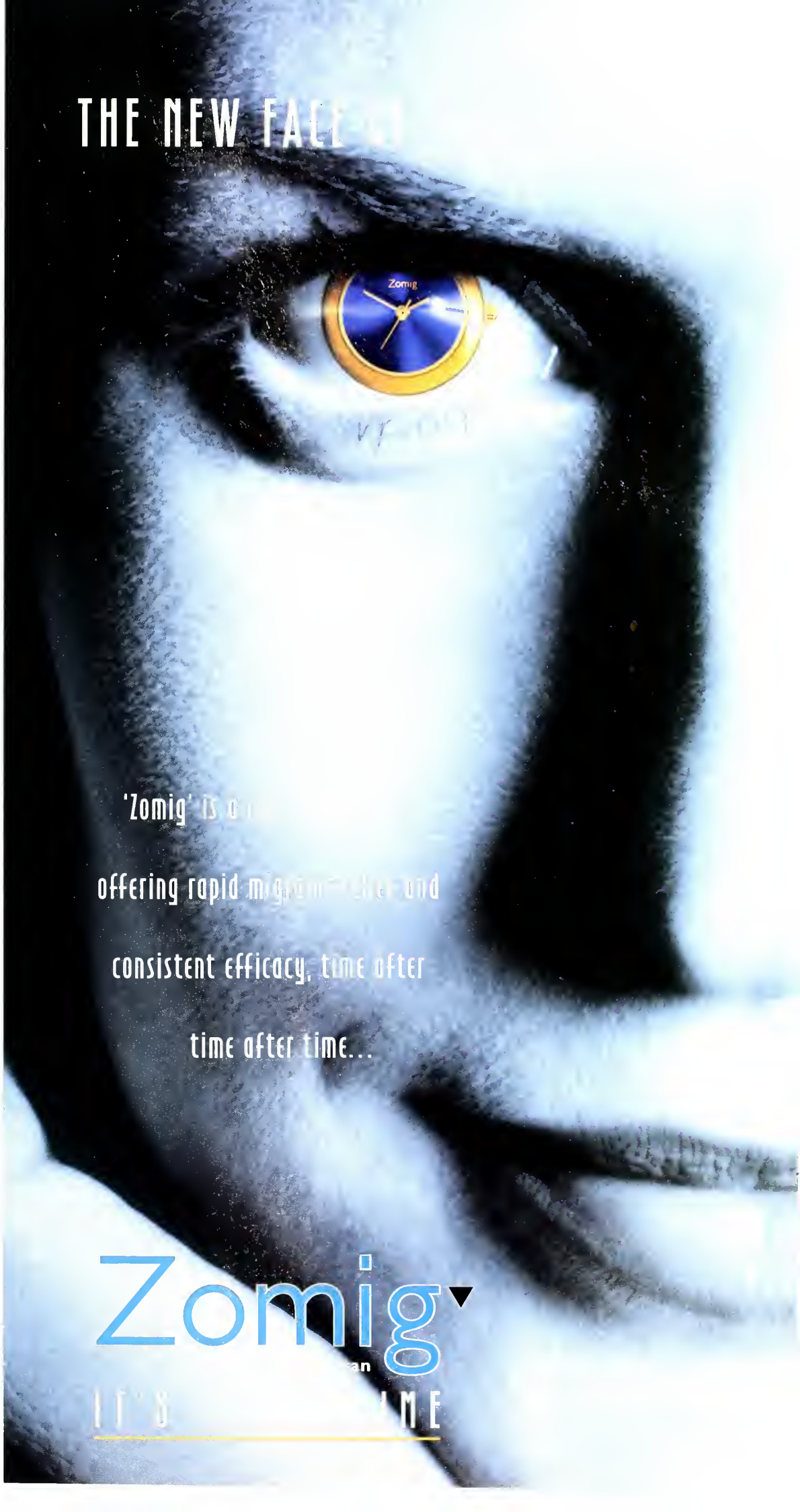
asic NHS Cost 3 tablet pack (2.5mg) 2.00. 6 tablet pack (2.5mg) with allet £24.00.

Zomig' is a trademark of the eneca group of companies.

rther information is available from: ENECA Pharma, King's Court, Water ne, Wilmslow, Cheshire SK9 5AZ

7/7590/K Issued March 1997

ZENECA



Continued from PII

others may develop liver cancer after a further five to ten years.

HCV treatment

Recommended treatment goals include clearing viraemia, improving symptoms, slowing down cirrhosis and reducing risk of cancer.

Prognosis is good in:

- younger patients
- shorter duration of infection
- absence of cirrhosis
- low levels of HCV RNA
- non-immunosuppressed
- non-obese.

The only treatment available for HCV is alpha-interferon – 50 per cent of patients respond. However, half of these will relapse and only 15-20 per cent will have a sustained benefit.

Alpha-interferon is usually given three times a week for a minimum of three months. Treatment may continue for up to one year. Side-effects are dose-related and include nausea, influenza-like symptoms, lethargy and depression. In drug misusers, this may be mistaken for signs of withdrawal.

There is evidence that treatment effectiveness increases when alpha-interferon is combined with other anti-viral agents. Treatment may be withheld from heavy drinkers.

With regard to IDUs, the British Liver Foundation comments that treatment for HCV will normally only be considered for those on a stable methadone maintenance programme. As interferon is administered by injection, this may be an issue for ex-injectors.

Protecting health workers

The Department of Health has issued guidance for HIV and hepatitis vaccines. Advice is based on the principle that all blood and body fluids are potentially infectious. Safe handling and disposal of sharps is an issue for community pharmacists. Recommendations for this have been published by the Royal Pharmaceutical Society and most needle exchange schemes also provide guidance on safe handling and waste disposal.

Other forms

Hepatitis D

This infection is common in IDUs and is found only in those with HBV. Transmission is associated with contaminated blood products.

HDV may seriously exacerbate any HBV infection and co-infection may lead to more rapid liver failure. This means individuals with HBV and HDV will be more likely to suffer from cirrhosis and liver failure than those who are only infected with HBV.

Hepatitis E

This virus is spread in a similar fashion to HAV. However, there is no vaccination and it is thought that HAV immunoglobulin does not protect against the disease. The only way of preventing transmission is by careful attention to personal hygiene and extreme care with food and drink. The mortality rate from HEV among pregnant women is very high. The disease is uncommon in Britain, but very common in the tropics.

Hepatitis G

HGV is closely associated with HCV and may be transmitted alongside it, although they are completely different viruses.

References available on request.

C&D *is accredited by the College of Pharmacy Practice as a provider of distance learning material until December, 1997.*

Resources

- British Liver Trust. Tel: 01473 276326.
- The National Hepatitis Helpline: 0990 100 360.
- Children's Liver Disease Foundation. Tel: 0121 643 7282.

ACTION PLAN

1 Discuss with your local GPs the relative merits of active and passive immunisation for holiday travellers. Take into account costs and likelihood of completing the course.

2 Make a table in your practice workbook of vaccinations required by healthcare professionals (include both pharmacists and GPs).

3 Are you protected? If not, check whether vaccination is appropriate. Are there any factors which put you at risk, eg needle exchange schemes?

4 Look at your first aid kit. Does it include gloves? If not, make sure they are in place for future use.

Not so innocent

Over the counter remedies may not be as innocent as they seem. The determined misuser will take them for purposes other than they were intended. Ruth Rodgers, an independent pharmaceutical consultant and formerly of the ethics department of the Royal Pharmaceutical Society, explains

Overcount, an advisory agency for misusers of OTC medicines, reported last December that after only two years it had over 3,600 clients.

Purchasing medicines for the purpose of misuse is a problem that will not go away with the apparent failure of pharmacists to control the sale of medicines to prevent harm to the purchaser often highlighted by the publicity given to the activities of consumer groups.

There will always be times when the pharmacist cannot reasonably be expected to know that the product purchased is being misused. In order to determine this, it is important to be aware of the reasons for misuse and the products which may be involved.

Since the earliest times, medicines have been used for purposes other than their therapeutic effect and although it is quite lawful for pharmacists to sell large quantities of OTC medicines, the pharmacist's duty has long been recognised as preventing misuse occurring.

Ever since the first Code of Ethics was adopted by the profession in 1939, it has contained a principle to the effect that where the pharmacist has reason to suspect intended abuse, the sale should not be made. Pharmacists discovered to be failing to exert controls over the sale of such medicines have invariably been the subject of complaint to the Statutory Committee. During 1986-92, 29 such cases were heard resulting in 25 pharmacists being struck off the Register.

Misuse or abuse are terms usually relating to the addictive properties of

Continued on PVI

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nancy as there is no experience of use
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Dovanex Cream or Ointment, the total dose
alcipotriol should not exceed 5mg in any
e.g. 60ml Scalp Solution plus one 30g
of Cream or Ointment or 30ml Scalp
tion plus 60g (two 30g tubes) of Cream or
ment. Contra-indicotions: Patients with
vn calcium metabolism disorders
ersensitivity to any constituents. Precautions:
ld not be used on the face. Wash hands
application. Avoid inadvertent transfer to
other body areas especially the face.
Hypercalcaemia has been reported
generalised pustular and erythrodermic
exfoliative psoriasis. Use more than recommended
weekly dose single hypercalcaemia which
rapidly reverses on cessation of treatment may
occur. Drug Interactions. No
between calcipotriol and other
experience of concomitant therapy with
antipsoriatic products applied
Side Effects. Cream Ointment
irritation and facial
the scalp or face may
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include dermatitis pruritus
aggravation of psoriasis photosensitivity and
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not shown teratogenic effects. Use in
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is not known whether calcipotriol is excreted
breast milk. Overdose. Hypercalcaemia may
occur in patients with plaque psoriasis who use

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L E O

◀ Continued from PIV

medicines which result in psychological and/or physical dependence. However, with the availability of more potent (and effective) OTC products, often with very restricted indications and possibly serious contra-indications, it is perhaps more likely that such products may be misused, ie their use is not in accordance with the product licence.

For the purpose of this article, misuse includes this newer 'problem', along with the more usual sense of taking advantage of non-therapeutic properties, often over a prolonged period and at a higher than recommended dose.

How drugs are misused

The reasons for misusing medicines are many and varied. They range from ignorance about the effect of the medicine and its proper use, through to masking symptoms of a more serious illness, and physical and psychological dependence. Other reasons can include peer pressure, enhancing athletic performance, altering mood – producing either euphoria or relaxation – and as an adjunct to enhance the effect of other drugs or alcohol.

The effects of misuse

The person using a medicine for the wrong purpose may not be aware of the harm that can be caused by a readily available medicine. This is often the case, for example, when painkillers are used to treat a headache on a regular basis. It is quite likely that what ends up being 'treated' is an analgesic withdrawal headache, thus creating a vicious circle which is both difficult for the customer to understand and to break.

The rebound congestion following prolonged use of topical nasal decongestants and the reliance some people place in laxatives to ensure regular bowel movements are further examples of this circular misuse. Tolerance develops resulting in the need to take increasing doses to obtain the same effect and making it ever-more difficult to stop taking the medicine.

Sometimes medicines are used by those seeking relief from the circumstances of their daily life. These can be poverty or simply boredom, and the misuse is similar to the reliance some put in alcohol. The medicines taken are those which alter mood, often seeking the very side-effects which others find a nuisance, such as drowsiness or stimulation. These medicines may be used in conjunction with other drugs by those seeking a better 'rush' from prescription or street drugs.

Such medicines may also be used by young people experimenting with the use of social drugs with knowledge of their effect being passed by word of mouth. The psychological dependence which accompanies the use of mood-altering drugs makes treatment more difficult. Qualified counsellors and GPs need to be involved and the misuser must accept and want to deal with the problem.

Another, perhaps not unexpected, misuse is to alter normal physiology, such as athletes seeking to gain advantage over fellow competitors by enhancing their performance and anorexics using laxatives to purge the body.

Types of misused OTC medicines

Pharmacists are more usually concerned with the 'proper use' of a medicine and can often be surprised to learn of abuse associated with a product – for example, the recent craze for Vicks inhalers.

A list of medicines known to be commonly misused on a national basis is published by the Royal Pharmaceutical Society in 'Medicines, Ethics and Practice'. Most pharmacists now include these, along with more locally misused products, in the protocol laying down the standards for the sale of OTC medicines from the pharmacy. Several types of medicines appear to be most commonly associated with misuse.

New 'P' medicines

Although not a type of medicine in the usual sense, a particular range of misuse problems is associated with the greater availability of such products.

- These products may be licensed for a restricted range of indications compared with the original product and a purchaser familiar with the product may wish to use it for an indication which renders it still a POM. In these circumstances, the user will not be covered by the product liability.
- Often more potent than older OTC remedies, there is a greater risk of use to mask symptoms of serious illness, intentionally or otherwise delaying seeking medical assistance, eg H2 antagonists.
- The potent ingredients have a greater potential of more serious side-effects and contra-indications or interactions which may be exploited by misusers.

Cough and cold remedies

Medicines sold to relieve the symptoms of coughs and colds contain a range of ingredients, many of which can be associated with misuse; for example, antihistamines, sympathomimetics, cough suppressants and alcohol. The effects sought vary according to the ingredients, but can include euphoria and hallucinations, sedation, CNS stimulation and enhancement of athletic performance.

Misuse can also result from the 'need' to treat withdrawal symptoms, whether intentional or otherwise. The various ingredient types responsible for the misuse are set out below.

Antihistamines

Cold and flu remedies often contain antihistamines, usually in combination with other ingredients, and are sometimes purchased on a long-term basis by those seeking to take advantage of the mood-altering effects. These may also be purchased to enhance the intoxication produced by alcohol. This is also a problem which has been noted in conjunction with the sale of sleeping aids containing diphenhydramine and promethazine, which in some areas are purchased by teenagers.

The older antihistamines are associated with mood-altering effects. Three types of effect are seen. The alkylamine group, which includes chlorpheniramine, can cause CNS excitement, but the remainder have a sedating effect. This accounts for their use as sleeping aids, which are misused both by adults and when administered to young children just to get them to sleep when no illness or clinical need exists. (Such use of promethazine has been linked with cot death.)

Table 1: reasons for misuse

- Ignorance
- Dependence
- Enhance athletic performance
- Symptomatic relief
- Intoxication

Table 2: the effects of misuse

- Tolerance
- Physical dependence
- Psychological dependence
- Toxicity and unwelcome side-effects
- Contra-indications

However, misuse of antihistamines is usually for the antimuscarine effects, including nightmares, hallucination and euphoria, which are particularly prominent at higher doses.

Particular problems exist with cyclizine, to the extent that many products which used to contain it have been reformulated. Cyclizine is sought by drug addicts to either take orally or to inject intravenously, since it can prolong the effects of opiate use.

Dimenhydrinate and, to some lesser extent, diphenhydramine may produce vomiting in high doses and as such may be sought out by anorexics.

Sympatho-mimetics

Included in cough and cold preparations for their decongestant properties, the sympathomimetics also possess stimulant and amphetamine-like psychotropic effects.

Producing direct and indirect stimulation of the adrenergic receptors in the sympathetic nervous system when taken orally in high doses, they can bring about feelings of fear, restlessness, anxiety, euphoria, insomnia and confusion, as well as mental alertness.

They are misused as appetite suppressants and also by athletes seeking to improve physical performance. Topical nasal preparations can be associated with rebound congestion causing more to be administered in order to gain relief.

Cough suppressants

Both dextromethorphan and codeine are commonly included for their suppressant activity on the cough reflex, although the doses of both are relatively low in OTC

preparations. While ingestion of large quantities of dextromethorphan have been reported to have a stimulant effect, it is the opiates which cause pharmacists greater concern.

Codeine, morphine and dihydrocodeine are included in a restricted range of OTC medicines for their analgesic, cough suppressant or gut motility effects. The main problems associated with their sale is the tolerance and dependence which results from prolonged use of opiates.

While problems of opiate abuse are more commonly associated with Prescription Only Medicines and illicit use, OTC products are still being purchased with this intent. With the exception of codeine linctus, the opiate is usually combined with one or more other ingredients which tends to limit their potential for abuse since the dose required to produce intoxication is likely to be associated with a toxic dose of other ingredients.

Misusers can include the person who takes a normal dose of the medicine over a prolonged period, perhaps seeking a mild feeling of well-being; the person seeking a cheap 'high' by taking a larger than recommended dose; and the persistent 'hard drug' abuser who is supplementing regular supplies when these are unobtainable.

Codeine linctus is often associated with this latter use and many pharmacists have taken a decision not to sell it without a doctor's prescription.

It is not unknown for individuals to purchase the OTC products in order to attempt to extract the opiate, primarily with the intent of injecting it despite the obvious inherent problems.

Laxatives

While not misused for the purposes of intoxication or mood alteration, stimulant laxatives are often abused by individuals who are over-concerned with their bowel activity or believe they are effective in ensuring and maintaining weight loss.

A further type of misuse results from the use by patients initially suffering from uncomplicated constipation, possibly due to poor diet or lack of motility, who soon come to rely on and may need an increased dose of laxative to obtain normal bowel actions. This latter type of misuse can easily be dealt with by the pharmacist counselling the customer and changing to an osmotic or bulking laxative.

The two other types of misuse are often associated with some kind of mental disturbance and require counselling and treatment which is outside the scope of the pharmacist.

Psychological dependence makes treatment more difficult

Analgesics

Opiate misuse has already been discussed above, but paracetamol and aspirin are also misused. Exceedingly high doses of aspirin have been known to produce 'pleasurable feelings of intoxication' and paracetamol may be taken in overdose to induce vomiting by anorexics and bulimics.

Other products

Many other medicinal products available from pharmacies are bought with the intention of misuse. Among these are insulin, a 'P' medicine when sold for human use but sought by body builders for its muscle development properties; aromatic amines ('poppers'), which are practically never sold from pharmacies except as an antidote for cyanide poisoning, are used as a sex-aid for the 'rush' it gives when inhaled; other solvents, especially PR Spray, and adhesive plaster removers for 'sniffing', and methylated and surgical spirits used by alcoholics.

Hyoscine, available as a muscle relaxant or anti-travel sickness agent, is also known to be associated with hallucinogenic effects and can cause aggressive behaviour.

Pharmacist's role

To comply with the Society's ethical requirements pharmacists have a duty to know which products are misused; to develop protocols to deal with requests for such products; to train counter staff appropriately; and to display a willingness to question and counsel when appropriate. In addition, the pharmacist must be aware of the implications of drug dependency treatment and to recognise the limitations this places on his or her ability to help misusers.

Ethics

It is well accepted that pharmacists must prevent the misuse of medicines, although in practice this often results in a dilemma whether to sell a medicine or not. It is also often difficult to differentiate the misuser from the legitimate user.

Strategies adopted vary, but include removing products from display, thereby allowing a sale to be easily refused on the grounds that 'it is out of stock', suggesting alternative remedies and involving the pharmacist in every request for a misused medicine.

Recently published research has shown widespread concern among pharmacists about the small number of people known to be misusing OTC medicines, particularly in relation to the development of dependence and other health problems.

Sharing information about possible misuse of a particular product or ingredient with other pharmacists in an area and informing the local RPSGB inspector can help deal with the problem. It is well known throughout the profession that individual pharmacists found to be failing in this duty can be and are struck off the Register by the Statutory Committee.

On a larger scale, failure of the profession to address these aspects is likely to result in further challenges to the pharmacist's role in protecting the public from harmful effects of medicines and will assist those arguing to reclassify P medicines as GSL.

Table 3: ingredients of cough and cold remedies

Antihistamines	Sympathomimetics	Cough suppressants
Chlorpheniramine	Pseudoephedrine	Tincture of opium
Triprolidine	Phenylpropanolamine	Morphine
Brompheniramine	Ephedrine	Codeine
Cyclizine	Phenylephrine	Diphenhydramine
Promethazine	Dimenhydrinate	

Stub out the cigarettes and bring on the pipe and slippers...

With cigarettes going up 19p a packet in the budget, smokers may well be scouting for other options.

One alternative suggested by researchers at St Bart's Hospital in London is to swap the cigarette for the pipe or cigar, which are associated with a reduced risk of smoke-related disease. Although abstinence is the ideal, many relapse even with the help of nicotine replacement therapy and it is this group that would benefit from a switch, say the authors.

The prospective study published in the *British Medical Journal* (**314**:1,860-3) investigated over 21,500 men aged 35-64 when recruited in 1975-82. For each, a detailed history of smoking was taken together with carboxyhaemoglobin measurements.

Those who had switched from cigarettes to pipes or cigars 20 years before the study smoked less tobacco than cigarette smokers (8.1g/day versus 20g/day) and had a 46 per cent lower risk of dying from lung cancer, ischaemic heart disease and chronic obstructive lung disease than cigarette smokers.

However, this was still no substitute for being a non-smoker. The 'swap' group still had a 68 per cent higher mortality risk than life-long non-smokers, a 57 per cent higher risk than non-smokers who had quit 20 years previously; and a 51 per higher risk than pipe/cigar smokers who had not smoked cigarettes.

Higher carboxyhaemoglobin levels were also seen with the group which had switched to a pipe/cigar compared to those who had never smoked cigarettes (1.2 per cent versus 1.0 per cent), indicating they inhaled tobacco smoke to a greater extent.

The authors conclude that those who find it hard to quit may be better off switching to a pipe/cigar as it would mean less tobacco smoked and less smoke inhaled compared to cigarette smokers. The best option, though, is still to give up completely.

Preprandial brush to prevent tooth decay

Brushing twice a day is no longer enough to prevent tooth decay. One dental professor is now suggesting that brushing before meals is more effective.

Professor Mike Edgar from the Liverpool Faculty of Dentistry told delegates at an international dental conference in Dundee that brushing after eating was "like shutting the gate after the horse had bolted".

Presenting his research at the Annual Congress of the European Organisation for Caries Research, Professor Edgar explained that acid is produced soon after plaque comes into contact with sugar in the diet. Plaque, on the other hand, forms at a much slower rate, which means the time between brushing and eating is less critical than the time between eating and brushing afterwards. "It is well worth considering brushing teeth as part of the process of dressing for dinner," said Professor Edgar. However, "in the real world that is unlikely to be practical for people", he mused.

The study, co-produced with researchers at the University of Newcastle, goes against traditional advice of brushing after meals. A spokesman for the British Dental Association said Professor Edgar's comments are part of an ongoing debate. Until it becomes wisdom, the BDA will continue to advise brushing twice a day with a fluoride toothpaste.

Non-compliance important in poorly-controlled epilepsy

New national guidelines on epilepsy have recognised non-compliance as an important cause of poor seizure control in adults.

The new guidelines – 'Adults with Poorly Controlled Epilepsy' – suggest that patient compliance should be reviewed in those who continue to have seizures despite appropriate first-line anti-epileptic drug treatment.

Patients should have clear information about their medication, including details of possible side-effects and interactions. Convenient dosing regimens, such as once- or twice-daily, may also improve compliance.

Generic substitution and the reasons behind the switch should also be pointed out to patients to avoid any confusion. The guidelines state that the bioavailability of generic drugs is equivalent to branded products and that their use has been found to be acceptable by most patients.

The guidelines were drawn up by a multidisciplinary team of 30 experts in epilepsy in close consultation with the Institute of Neurology, the Royal College of Physicians and the National Society for Epilepsy. The need for the guidelines was prompted by the 20-30 per cent of total patients with epilepsy (300,000) whose condition is still poorly controlled by current management and who suffer an unacceptable number of seizures.

Copies of the guidelines are available from the RCP (tel: 0171 935 1174) or the NSE (tel: 01494 601400).

PHARMACYupdate: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. *C&D*'s readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the August 9 issue, which will cover this week's CPP-accredited modules, together with those in the July 5 issue.

In other words:

- Osteoporosis (59)
- Diarrhoea (60)
- Hepatitis (61).

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

The following is a list of all published modules from the start of accreditation:

PSNC and RPSGB to look beyond 2000

The Pharmaceutical Services Negotiating Committee's Wally Dove and the Royal Pharmaceutical Society president, Peter Curphey, have agreed to an informal meeting of their organisations to discuss ways of working together to get community pharmacy in shape for the next century.

Mr Dove says: "PSNC is developing a broad range of proposals for the future of community pharmacy – including details of the type of pharmaceutical services that could be available, remuneration, standards and pharmacy distribution. I know other organisations have ideas about these matters, and I want to explore those ideas so that we come forward with proposals that have the backing of all the bodies representing community pharmacy."

Patient packs The target implementation date of September is now 'virtually impossible', PSNC believes, because so many issues, including container allowance, are still unresolved.

Fraud scrutiny report Last week's PSNC meeting considered in detail the list of recommendations in the Prescription Fraud Report. PSNC has urged the health minister to implement the recommendations relating to dispensing doctors as a matter of priority. PSNC has agreed to an early meeting with the NHS Executive to discuss how various measures can be taken forward. The minister said on Tuesday that he would welcome PSNC's input on the review of prescription charges and exemptions.

Crown consultation PSNC is urging LPCs to send their comments immediately on the consultation letter from Dr June Crown, who is chairing the review of prescribing, supply and administration of medicines. PSNC is preparing a detailed document for the review and must receive LPCs' comments by July 27 for them to be incorporated.

Support in urban areas PSNC is setting up a working party to examine provision of pharmaceutical services in urban areas.

Regional structure PSNC will take account of LPCs' support for an informal regional structure.

Market research Findings of research by McCann's of LPCs' relationships with health authorities, contractors and PSNC, and the authorities' views of the LPC and community pharmacy were presented to PSNC's July meeting and it hopes to produce an action plan in September.

Rudin joins Tesco's pharmacy superintendent, Mike Rudin, has joined PSNC as a Company Chemists' Association representative.

BPA aims for 'democratic' Council

Boots Pharmacists' Association has no desire to flout the Royal Pharmaceutical Society's Council election rules, but will do everything possible to make the elections more democratic and less stifling to free speech, says chairman Peter Walker.

In a letter to the Society, he denies that the Association ignored the election rules when supporting Ted Smith as a candidate earlier this year. The Society had complained about the way BPA had canvassed for Mr Smith, a Boots' area manager who topped the poll in the recent elections (*C&D* June 14, p4).

"The executive spent some three hours discussing the other candidates, deciding the level of support that we could give to Ted and then making sure that we complied with the procedures without jeopardising our freedom to inform Boots' pharmacists of our decision," Mr Walker writes. "Ted was not privy to any discussions nor did he ask for support or take any part in the decision to support his candidature." The decision was made because of disappointment at the lack of employee community pharmacists standing, adds Mr Walker. Information to Boots' pharmacists had merely given background details about Mr Smith and his policy statement, which had already been published elsewhere.

"As an association, we believe that the whole nature of the election to Council and the current role of the Council and the Society's secretariat will have to change fundamentally to meet the growing demand for effective management," Mr Walker continues. Council's composition should reflect the significantly growing majority of employee pharmacists.

"Why should high-profile, energetic, business-minded members be prevented from being elected, by stifling their exposure to the electorate, just because they cannot afford to spend all their time bringing their name to the profession's attention?"

Mr Walker believes that BPA's active interest in the election increased the number of Boots' pharmacists voting to at least 40 per cent, whereas among the profession as a whole the voting figures have never reached 30 per cent in recent years. To further tighten the election procedures would do "absolutely nothing" to encourage more people to vote, he claims.

"The Electoral Reform Society believes that canvassing is the right of all candidates in an election and, indeed, is essential so that candidates can assess what support they can depend on."

Mr Walker told *C&D* on Monday that discussions were continuing between the Association and the Society. Council is reviewing the election procedures with a view to a possible tightening of the rules for next year.

GPs to pay for pharmacist prescribing

General practitioners in South Staffordshire are to take advantage of changes in the way that drug budgets are controlled to employ pharmacists for prescribing support.

Five non-fundholding and six fundholding practices have indicated to South Staffordshire Health Authority that they wish to use money top-sliced from their own drug budgets, rather than at source by the HA, to pay for the services 28 pharmacists are now accredited to provide.

The pharmacists have successfully completed the training, which was based on a programme provided by the FHSA about three years ago. SSHA has accredited all the pharmacists.

The health authority is providing GPs with details of the pharmacists. Although it has also provided the pharmacists with information, such as how to invoice the GP, it is up to the pharmacist and GP to arrange the fee.

Pharmaceutical adviser Genine Riley said: "It is hoped that this project will show the valuable contribution pharmacists can make towards effective management of drug budgets, as well as improving the way people use medicines."

Pictured are some of the pharmacists who have received their accreditation certificates from South Staffordshire Health Authority. Back row, from the left: Iain Ashby, Calvin Jacques, Larraine Tuplin, Sally Lovatt, Deborah Belden, Alison Farmery, Mark Brennan and Steve Bullock. Front row, from the left: pharmacy/prescribing adviser Cathy Riley, Janet Butterworth, Sheila Hilton, Gill Bullock and pharmaceutical adviser Genine Riley

Concern over Lilly pen recycling plan

Pharmacy Support Group chairman Hemant Patel has criticised Eli Lilly for restricting a recycling scheme for Humaject pens to Tesco, Hills and Lloyds.

Lilly has written to customers who have used its existing postal recycling service, explaining that the participating pharmacies will provide recycling containers for used pen syringes.

Mr Patel believes Lilly is indirectly steering patients to pharmacies and is disadvantaging independents. "Once again, the independent pharmacists are being left out," he says. "The company is pretending it is not a serious matter and will review it in a year, but we can't wait a year."

Company spokesman Derek Anthony says the scheme, which has been operating since June 16, is a nationwide pilot which is being tested before extending to other outlets.

The letter from Lilly's diabetes care professional solutions manager, Gary Russell, to Humaject users acknowledges that access to one of the pharmacies may be difficult for some people and provides a care helpline. Mr Russell has denied that Lilly is directing prescriptions. "The company is offering a recycling facility, but it is the patient's choice as to where the prescription is dispensed."

He says the scheme is being evaluated to see if there is enough demand from independent pharmacies to offer this service.

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No more room for the 'me-too' drugs

The pharmaceutical industry is becoming more competitive. There is no place now for the large number of 'me-too' brands launched in the past.

The market is looking for value and is becoming more sophisticated in assessing it, Sir Richard Sykes, chairman of Glaxo Wellcome (right), told the Centre for Medicines Research last week.

Companies have reduced drug development times and are launching new products globally.

The cost of bringing new therapies to the market is increasing, though. The current cost is $500 million – it was $350m in 1990 – and this is partly due to increased regulatory demands.

Regulatory agencies around the world have helped by cutting assessment times. The recent move to standardise inspection of pharmaceutical plants in the US and UK is to be welcomed, said Sir Richard.

Product lifecycles are changing. The time it takes for a competitor to launch a new drug is decreasing. "Under the circumstances, it may seem perverse to increase research and development, but that's what we're doing as an industry," he said.

R&D decisions which will drive the industry into the new millennium are being made now.

Research performance has improved from where, before, 100 compounds would enter development, ten would be registered and three would yield a return on R&D investment.

The industry is looking to improve these ratios. It realises companies can work with external groups – the biotech industry, universities, hospitals, research institutes – to get the right skills and expertise. Fifteen per cent of Glaxo Wellcome's budget is now spent on strategic alliances.

New approaches are being created to improve drug candidate selection and product development. The human genomics project is having a big impact. Identifying the genes that create disease are an ideal way to select targets.

'Association genetics' will become a key technology over the years to validate targets, predicted Sir Richard. Genetic information can be collected through a database, and create a 'gene chip' which has extensive information on the links between genes and diseases. Having identified a gene's link with a disease, researchers can work to understand how it is linked.

"We're now at the stage where we have one chemist, one computer, one robot, one week and 10,000 molecules. Before it was, I think, one chemist, one week, one molecule," he said. Hundreds of compounds can now be evaluated in parallel.

Companies are currently talking about launching three significant products every year. GW's pipeline has 200 molecular targets in research, over 50 research projects and 20 development programmes. "And our 200 targets are not random, they've been validated or are in the process of being validated," he said.

Soon it will be possible for patients in clinical trials to have genetic trials to see whether they respond to certain drugs, and to determine whether they are predisposed to certain side-effects. This indicates how genetics will expand from a research tool into the market place.

Official attitudes to pharmaceuticals tend to be that there is a right amount to spend, said Sir Richard, "but official figures limit innovation". Expenditure on pharmaceuticals will increase because there's a realisation that the drugs are cost-effective.

The pace of innovation can create anxiety in society, he cautioned. Recent advances in genetic research have led to media speculation over whether genetics will enable employers to weed out potential employees.

Society must be educated to understand medicine has a price. The US trend of encouraging patients to become more involved in healthcare must be followed in the UK, he concluded.

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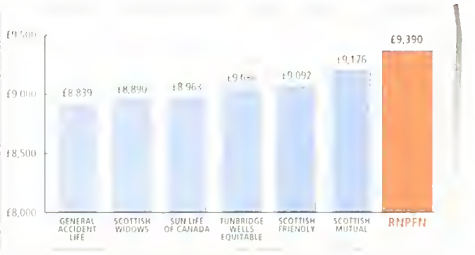

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Patient pilots

In this second and final article on pilot projects involving community pharmacists, Adrienne de Mont looks at programmes in which pharmacists deal with the needs of specific groups of patients

As well as the projects mentioned in the first article (*C&D* July 5), five more health authorities are running projects involving pharmacists caring for specific patients, such as the elderly or those with heart disease.

East Lancashire

This project is investigating how pharmacists can improve patient adherence with medication. A steering group, with representatives from the local pharmaceutical committee, health authority, social services and the local trust hospital pharmacy department, is training home care workers and other health professionals, such as district nurses and health visitors, who come into contact with patients at home.

Ten full-day training sessions on medicines management have been well received, according to pharmaceutical adviser Catherine Harding. The latest project aims to build on this and to develop a more formal infrastructure for dealing with medication problems.

It will be based at five sites in the Burnley and Rossendale area, possibly involving more than one pharmacist per site. GPs are currently being recruited and about 200 patients will be referred from them, as well as the community pharmacists, hospital discharge pharmacists, social services carers and district nurses.

Once the referrals are accepted, the pharmacist might see the patients in their own homes or at an allotted time in the pharmacy, or they might run a surgery with the GP or a drop-in clinic at the social services daycare centre to review and advise on medication. Interventions and recommendations will then be sent to the GP. The GP's verdict on these referrals will be relayed back to the pharmacists and the professionals who referred the patients initially.

Fee: pharmacists will receive $40 a patient for the initial visit to cover locums, compliance aids, etc, with a further $30 if a follow-up visit is required. Total funding is $51,324.

Timing: the probable starting date will be July-August, as the pharmacists and referral sources will need more training. Patients will be studied for six months and the project is funded for 12 months.

Evaluation: by the Department of Health's central evaluation team.

Project manager: Alison Smith (tel: 01282 619909).

Leeds

This joint project between the health authority and Leeds University will assess how pharmacists can help to improve compliance in elderly people living at home.

Procedure: five pharmacists will be trained and will identify, from their patient medication records, up to 100 patients who might benefit, although the project will probably focus on 30 patients per pharmacy. The pharmacists will implement an action plan, after assessing compliance at home. A project pharmacist will then follow up the patients a couple of months later to see if there has been any improvement in adherence.

Fee: the pharmacists will be paid locum fees while training and will receive locum fees to cover six to nine months of domiciliary visits. The idea is that they will set aside one day a week for the project, either visiting patients or talking with GPs about medication reviews or action plans.

A total of $46,000 has been granted to cover training, locum fees and a project pharmacist. There will be an additional fee for the evaluators.

Timing: training is taking place in June and the visits will start in June-July.

Evaluation: by a team at Leeds University.

Contacts: Liz Taylor or Duncan Petty (tel: 0113 2952062).

North Staffordshire

This project will evaluate the impact community pharmacists can make on adherence to antihypertensive therapy. It is a joint venture between the health authority, the LPCs and the department of medicines management at Keele University.

Procedure: the project is in two phases, the first involving a survey of patients' views and beliefs about their antihypertensive medicines. The second phase will randomly allocate 300 patients to one of two groups. A control group will have prescriptions dispensed in the usual way, while the intervention group will receive information from the pharmacist, helping them to understand and remember to take their medication. The intervention will involve a series of 'patient-centred' questions, based on the findings of phase one and designed to address aspects of their drug therapy which concerns them. Help with medicines management could include telephone reminders when the next prescription is due.

The patients will be a broad cross-section of newly-diagnosed hypertensives and those

who have been on treatment for many years. About 30 pharmacists will be recruited. The study will compare self-reported compliance rates and blood pressure control in both groups. The timescale will be too short to detect differences in treatment outcome, although the health authority might continue to fund the project for longer if preliminary findings are favourable.

Fee: both control and intervention pharmacists will be paid to attend training days. The intervention pharmacists will receive £100 per patient successfully completing the study, which recognises the extra time associated with liaising with GPs, data capture and intervention activities. The control group will be paid £100 for a cohort of patients. A total of £85,000 has been allocated to the project overall.

Timing: the programme is designed to run for 12 months and began in April, when phase one started. There will be three months set aside for evaluation.

Evaluation: by a team at Keele University department of medicines management, headed by Dr Alison Blenkinsopp.

Project manager: Mike Phelan, a community pharmacist in Stone, Staffordshire. Initial contact should be via Jeff Bourne, North Staffordshire Health Authority (tel: 01782 298041).

South Derbyshire

The project will concentrate on mental health in response to the trend towards care in the community and the proposed closure of a local mental health trust hospital. The area also has supported care accommodation, where patients are looked after in a domestic environment run by non-medically trained staff and where the need for medical input is high.

Although six elderly mental health teams in South Derbyshire currently receive advice from a pharmacist, there is no routine input such as domiciliary visits or more general medicines management and review.

The project is still at an early planning stage, with community pharmacists and the health authority meeting representatives of the social services, acute mental health teams and the local medical committee.

Procedure: the aim is for a small number of community pharmacists in each locality to work with the elderly mental health team and advise on patients' pharmaceutical needs. All local contractors will be invited to take part in the project.

Fee: not yet decided. Total funding is £62,000 for 12 months.

Timing: due to start late summer/autumn.

Evaluation: possibly by the health authority with the help of an academic unit.

Contact: Helen Hulme (tel: 01332 363971).

St Helens & Knowsley

The project aims to improve the care of patients with heart disease in the community. It will explore how pharmacists can actively contribute to improving patient care when working alongside GPs in their practices.

Five health authorities are running projects caring for specific patients, such as the elderly

Procedure: eight community pharmacists will work in association with three cardiac nurses in three localities. The specialist nurses will deal with patients with unstable angina, while the pharmacists will devote approximately four hours a week to clinics for more stable patients. The pharmacists will consider six interventions:

- low-dose aspirin
- a beta-blocker or an ACE inhibitor
- a statin, if the cholesterol levels suggest a need
- smoking cessation
- diet
- exercise (one practice already prescribes exercise for heart disease patients).

The pharmacists will see the patients once every month or once every two months, depending on how often they obtain their prescriptions.

Fee: the total funding is £32,000, with a higher sum for evaluation. Individual fees have yet to be decided.

Evaluation: the evaluation, by a team at Manchester University, will explore the scope for pharmacists to contribute to the management of ischaemic heart disease in primary care. The aim is to determine the impact of the intervention on three key aspects of care: changes in patient management, health outcomes and the process of care.

Timing: training started in May and patients will be involved from July. Pharmacists will monitor each patient for six months, on a rolling programme over ten months. There will then be two months for evaluation.

Project manager: Margaret Geoghegan (tel: 01744 457343).

Troubleshooters for hire

You are in trouble – creditors' complaints are piling up, you can no longer take advantage of your wholesaler's discounts, your flow of profits has become a trickle. Is it time to throw in the towel? Ken Touhey examines an alternative option

Financial problems in a pharmacy do not mean all is lost. Although there are risks in any business venture, pharmacies have many inherent problems that have to be looked at from a different angle in order to maximise their chances of survival. For example, pharmacists usually do not have detailed knowledge of accountancy and business law. And a fair portion of their turnover stems from the NHS, whose decisions are often politically motivated.

When these problems appear, they need to be tackled quickly and efficiently, otherwise your business could soon be carrying a 'For sale' sign.

If you can solve them yourself, fine. If not, you could turn to insolvency practitioners.

Regrettably, many businesses think 'insolvency practitioner' is a euphemism for business undertaker. They do not realise that most practitioners are committed to saving businesses and close them only as a last resort.

Thanks to the extensive and radical changes introduced by the 1986 Insolvency Act, insolvency practitioners have the tools to nurture businesses back to health.

Why do they fall ill in the first place? Lack of working capital is a major factor. If a pharmacy lacks working capital, it cannot maximise the discounts available from wholesalers. This has a knock-on effect on profits and the awful process gathers momentum: lack of cash, loss of discounts, reduction in profit, lack of cash ...

Some pharmacists take drastic measures to overcome the cash crisis. They may search around for low-priced parallel imports – and fall for deals like those offered by Pierre Schaffer, the unlicensed wholesaler. Others may be tempted to fiddle prescriptions. Most pharmacy owners, thankfully, do not take these routes.

What, then, can an insolvency practitioner offer? One option is a voluntary arrangement (VA): payments to a backlog of creditors can be temporarily frozen while new funding is raised or profits are generated in a restructured business. When its cash flow improves the creditors are paid.

Alternatively, the VA creates a breathing space, during which the business is advertised for sale without undue pressure. A VA is available to all business types – sole traders, partnerships, or limited companies. Since its introduction in 1986, the VA has become one of the best financial rescue tools, yet, until recently, it has been underutilised and misused.

To get a VA to work, however, you need three fundamental ingredients:

- a core business which has generated or is able to generate profits
- the commitment, honesty and integrity of directors/partners/-the sole trader
- support from most creditors.

If just one of these is missing, a VA will ultimately fail.

Sometimes a different route is needed. This was the case with a small group of pharmacies which operated through a limited company. Its directors (who were also the shareholders) had a substantial disagreement and could not agree to liquidate the company. It used to generate profits, but they fell because the directors' dispute drained their ability to manage it effectively.

As the company's cash flow dwindled, it exceeded its credit limit with the wholesaler and lost potential discounts.

This led to the vicious circle mentioned earlier, until, eventually, the wholesaler was no longer prepared to fund the company's cash flow crisis.

In other circumstances, a receiver could have been appointed to dispose of its assets, but the company had not given a bank, or other financial institution, any security over its assets. Under law, a receiver cannot be appointed unless the business has that security arrangement in place.

An insolvency practitioner and firm of chartered accountants was asked to review the business. It recommended that an Administration Order (AO) be sought through the courts in order to save the company. This scheme set up a protective 'wall' around the business and gave the insolvency practitioner time to study possible solutions. The company's pharmacies, meanwhile, managed to remain registered because they traded throughout the period.

Eventually, they were sold and the creditors were repaid, the company's shareholders received a healthy return on their investment, its employees retained their jobs and the business survived.

Without the AO, the company would probably have been liquidated. It would then have lost its registration and the value attributable to goodwill would have plummeted or disappeared. Furthermore, its creditors would have had little chance of recovering much more than 50 per cent of their investment and its shareholders would have received no return.

VAs and AOs are not panaceas – bankruptcy, liquidation or receivership are sometimes the best options that are open. Trouble arises when insolvency practitioners consistently refuse to consider any sort of rescue package, as they did during the late 1980s, when they were responsible for an enormous number of unnecessary insolvencies and redundancies.

Some firms overcompensated for their mistakes in the early to mid-1990s and recommended rescue procedures when their chances of success were remote.

Insolvency practitioners need a balanced approach to give pharmacies and other businesses the chance, wherever possible, of staying afloat.

Ken Touhey is a licensed insolvency practitioner and partner in Morley & Scott. He has dealt with business rescue and insolvency for eight years and specialises in advising pharmacies with financial difficulties. He can be contacted on 01273 421200.

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Patent problems threaten Prozac revenues in the US

Prozac (fluoxetine) is the largest-selling central nervous system drug and is the clear leader in the antidepressant market with sales of $2,356 million.

Almost three-quarters (73 per cent) of Prozac sales are concentrated in the US, with an estimated 21 per cent market share by volume. Prozac alone has contributed to 32 per cent of Lilly's recent turnover.

Although the company has stated it wants to see steady annual growth of 15 per cent over the next few years, a new report by Datamonitor predicts that this is unlikely.

The first of Prozac's US patents is due to expire in 2001 and this could result in reduced revenues of up to $1 billion in the first year alone. In Canada, the patent for the drug expired in March last year. Lilly tried to limit the damage by entering into a marketing and distribution agreement with generics firm Pharmascience.

Under the terms of the agreement, Pharmascience launched Prozac at a discounted price, a few months before the patent expiry. Once the patent had expired, Apotex and Novopharm launched generic fluoxetine.

Since April, the generic fluoxetines and discounted Prozac have been marketed at a 30 per cent discount to the branded Prozac, accounting for 64 per cent of Canadian fluoxetine sales by value, and around 72 per cent by volume. Although over half of the generics sold are Lilly's products marketed by Pharmascience, Lilly has still lost 34 per cent of its total volume share to independent manufacturers.

Datamonitor comments that the impact of patent expiry in the US is likely to be even more pronounced as the generic industry is "considerably more competitive and cut-throat".

Perhaps in an attempt to build 'brand loyalty' before the drug's patent expiry, Lilly is launching a consumer advertising campaign for Prozac in the US. *The Guardian* reports that advertisements appearing in American consumer magazines, such as *Time*, *Cosmopolitan* and *Marie Claire*, are designed to encourage readers to self-diagnose depression and specifically request Prozac treatment from their doctor.

● 'Market Dynamics to 2005: Depression' is available from Datamonitor (tel: 0171 625 8548) at a cost of $2,995.

Cortecs strengthens UK connection

Cortecs International, the biopharmaceutical firm, has formed a holding company, Cortecs plc, to maximise its opportunities as a UK-based group.

Although CIL has been listed on the Australian Stock Exchange since 1986, most of the group's business is carried out in the UK.

Cortecs has set up a five-member executive board to control strategic matters. Dr Michael Flynn remains president and chief scientific officer, and a member of the main board; Glen Travers will chair the executive board; Dr Geoffrey Hill becomes executive vice president; and Dr Martin Preuveneers has been appointed chief operating officer. Jonathan Pockson remains group finance director and company secretary.

New chain for the North East

Pharmacist Marshall Glynn, former retail director of the Doncaster-based pharmacy group Weldrick, is heading up a new pharmacy chain in the North East.

The new chain, operating as Jacksons Pharmacy, has bought three pharmacies in Darlington and four in Sunderland, operating as Lyn Lea, for an undisclosed sum.

According to a report in the *Darlington Northern Echo*, the deal is part of a plan to build a chain of outlets throughout the region.

United Drug agrees offer for Dublin Drug

The boards of United Drug and Dublin Drug, a leading Irish wholesaler and distributor, have agreed on the terms of an offer for the entire issued share capital of the latter.

The offer is three United Drug shares for every four of Dublin Drug's, and also includes an additional payment of 10p per Dublin Drug share after two years subject to 75 per cent of the business transferring to United Drug. This values Dublin Drug in the region of £15.1 million (at a current price of 400p per share).

Dublin Drug holds United Drug shares with a current market value of £8.9m. The offer for the shares in Dublin Drug will involve the issue of almost 3.66m new United Drug shares representing around 15 per cent of the adjusted equity of the latter.

The offer is conditional on receiving acceptances from the holders of at least 80 per cent of the shares in Dublin Drug and receiving regulatory clearance under the Mergers and Competition Act. Dublin Drug has approximately 260 shareholders, the majority of which are customers of the company.

For the year ended December 31, 1996, Dublin Drug reported turnover of almost IR£44m and pre-tax profits of IR£730,000. As at December 31, 1996, Dublin Drug had net assets of approximately IR£3.3m.

Hills/Lloyds' regional taskforce

The new joint retail division of Hills/LLoyds is being reorganised into new areas, each containing around 25 pharmacies.

The six regional managers, who were appointed earlier this year (*C&D* May 31, p37) to oversee the 200 pharmacies, will also be co-ordinating the activities of a regional support team, consisting of representatives from personnel and training, property, security, merchandising and pharmacy departments.

Regional managers will report to Raymond Barclay, the new retail division's operations manager. Mr Barclay was formerly Hills' operations manager.

Mr Barclay comments: "It is our desire to retain the experience of the remaining general managers. All have been offered alternative positions within the chemist division."

Hills' three and Lloyds' eight regional managers were previously responsible for approximately 100 branches in each of their organisations.

Pictured (l-r) are the Lloyds/Hills regional managers team: Stuart Lowe (S Wales, SW England), Paul O'Hanlon (NE England, E Midlands, Lincolnshire), Alex MacKinnon (Scotland and the Borders), operations manager Raymond Barclay, Mike Blakeman (London, northern Home Counties and E Anglia), Richard King (S and SE England) and David Powell (NW England, W Midlands, N Wales)

ADVANCE INFORMATION

The 5th World Congress of Pharmacy and Pharmaceutical Sciences will be held on **August 31 to September 5**, in Vancouver, British Columbia, Canada. Further information is available from the International Pharmaceutical Federation and Canadian Pharmaceutical Association, tel: (Ottowa) (00 1 613) 523 7877.

The South East Institute of Public Health has arranged a seminar on **September 2**, at the Postgraduate Centre, St Thomas' Hospital, London SE1, on the subject of 'Elderly and Drug Abuse'. Further details from Sue Boniface at SEIPH, tel: 01892 515153.

The Parenteral Society is holding a 'Training for Pharmaceutical Process Operators Course' on **September 8-12** at the University of Bath, and the Annual Conference on November 4-5, at The Hanover International Hotel, Hinckley, Leicestershire. Further details available from the Society in Swindon, tel: 01793 824254.

Flotation raises £30m for Galen

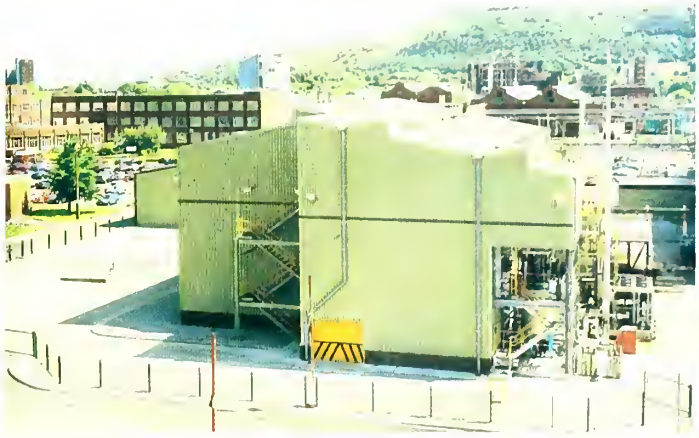
Galen Holdings, the Northern Ireland-based pharmaceutical company, has successfully floated on the Stock Exchange.

The flotation, which raises $30 million for the company, capitalises the business at $181.9m. Trading began on July 10 at a placing price of 150p per ordinary share, rising to 200p per share by July 15.

Of the 30,266,662 ordinary shares being made available at the placing price, almost nine million are existing ordinary shares with the remainder being new shares issued by the company. These new ordinary shares will represent 17.5 per cent of the enlarged issued share capital.

The flotation is intended to raise the status and market profile of Galen at home and abroad, and the capital will be used to fund expansion and development of the existing business and suitable acquisitions.

Galen is one of the largest manufacturing employers in Northern Ireland. It supplies ethical pharmaceutical products and services, including the supply of patient packs for clinical trials.



Zeneca Lifescience Molecules has completed an upgrade of its pharmaceutical intermediates plant at Huddersfield, West Yorkshire, as part of the company's ongoing multi-million pound investment programme. The plant produces intermediates to support the launch of new drugs for LSM's customers. The 40,000-litre capacity plant also has a warehouse and space for future expansion. The company plans to build up its small-scale manufacturing facility at Huddersfield later this year

Good growth for Medeva

Medeva's half-year results have shown a sales increase of 30 per cent to $159 million at constant exchange rates (CER).

Operating profit has increased by 15 per cent (60 per cent at CER) to $47m and pre-tax profits have shown a 35 per cent increase to $46m.

The earnings per share rose 18 per cent to 8.5p and the interim dividend has been increased to 1.9p, an increase of 15 per cent.

Ionamin sales have been adversely affected by health risk concerns despite an overall expansion in the market for anti-obesity products.

Plans to develop the company's anaesthetic business on a worldwide basis have been progressed with the signing, in July, of an exclusive distribution agreement with Fresenius. The agreement will cover 20 European countries.

Co-op acquires Sants

United Norwest Co-operatives has acquired Newcastle-under-Lyme-based wholesaler Sants Pharmaceutical Distributors for an undisclosed sum. The company employs 72 staff and had a turnover of £20 million last year.

Idis is on the move

Idis, the specialist provider of named-patient supplies, is moving on July 21. Its new address is: Idis World Medicines, Millbank House, 171-185 Ewell Road, Surbiton, Surrey KT6 6AX. Tel: 0181 410 0700.

Wrafton joins SWEL

Wrafton Laboratories, the Devon-based pharmaceutical company, has joined South West Enterprise Ltd (SWEL), the region's private sector economic development body. SWEL, which represents more than 14,000 businesses, is lobbying for a development agency set up for Devon and Cornwall.

Retail sales down in June

The BRC Retail Sales Monitor for June shows a slight reduction in the rate of growth of retail sales from May. In the chemist and beauty sector, the rainy weather drove down sales of suncreams and deodorants and the low pollen count depressed sales of hayfever treatments.

New look boosts sales

Numark pharmacies participating in the group's pilot 'model' refit programme have seen sales increase by up to 25 per cent.

The programme, which started in mid-June, offers Numark shareholders four common pharmacy formats: healthcare, essentials, neighbourhood, or health and beauty. All the formats offer a core range and a niche range with an option to remerchandise comprehensively, using a tailored mix of products and higher specification fittings to suit their immediate environments and communities.

The first results from a test base of ten Numark pharmacies came from Stewarts Pharmacy in Lowestoft, Suffolk, where the upgrade, including a $23,000 refit, generated a sales increase of 20-25 per cent.

Pharmacist Tony Prendergast says: "Business has been flat over the past three years for most pharmacies in this area, but I experienced real increases in just four weeks by becoming more consumer-focused."

Changing to a neighbourhood format generated a 9 per cent increase in prescriptions for pharmacist Kevin Muckian of the Cherrybrook Pharmacy in Paignton, Devon. And, despite recent bad weather and extensive road works limiting access to the pharmacy, his business showed a general year on year increase of 15 per cent.

"By tailoring the product range to suit the area, customers perceive that they have more choice because they now see the brands they want to see and feel more confident that they can come in and find something they need, when, in fact, I have decreased my lines by 20 per cent," says Mr Muckian. "The total cost was under $15,000 and the refit was completed over the weekend. It has given the own-brand goods much greater shelf presence, which improves my margin."

Around 700 of Numark's 1,040 shareholders have signed up for the 'Every Day Low Pricing' initiative launched at the start of this year.

Kevin Muckian's Paignton pharmacy before its Numark 'model' refit

The new format increased prescription shares by 9 per cent

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ABOUTpeople

Cariad wines benefit from pharmacists' special touch

Wines produced by pharmacist husband and wife team Peter and Diane Andrews have taken a fifth of all the awards given to English and Welsh vineyards at this year's International Wines and Spirits Competition.

The awards were announced recently at Vinexpo, the world's largest winemaking exhibition in Bordeaux.

The Andrews, whose Llanerch Vineyard in Pendoylan, Vale of Glamorgan, produces Cariad wines, rate this as a considerable achievement for a small Welsh business in a competition which puts them against established vineyards from all over the world.

The couple sold their small chain of pharmacies in South Wales to Lloyds in 1987 to move into the winemaking business. What started as a cottage industry has become a commercial success.

Pharmacists Diane and Peter Andrews with their four winning wines

In 1995, the vineyard won the Welsh Tourist Board's 'Best Tourism Business in Wales' award. The 20-acre site now includes four self-catering cottages and a visitor centre that catered for 20,000 visitors last year.

"The art of making a good wine is not dissimilar from making a medicine," says Peter. "There is life after pharmacy, and it's fun."

Peter's father and grandfather were both pharmacists, and it obviously runs in the blood – his daughter has also decided to take up the profession.

Oshwal charity walk breaks all records

The Oshwal Pharmacists put their best foot forward on the last Sunday of June in a sponsored 10km walk to raise money for three charities.

A record 511 walkers – including 78 pharmacists – raised a record £26,449. This is the fifth charity walk the group has organised in the past six years and it is by far its largest annual fundraising event.


The TOP's top money-raisers: kneeling (l-r) pharmacist Hitesh Dodhia, wholesaler Umesh Dare, pharmacists Nilesh Shah and Jayu Shah (who topped the charity collection league), and Chandi Mehta (winner, under-16s). The four women in white sarees are Jain nuns who also took part. Standing at the back are TOP's committee members

The expenses of organising the walk were sponsored by pharmaceutical companies and individuals, so all the money collected will be split between the British Heart Foundation, the National Osteoporosis Society and the Veerayatan Eye Hospital in Rajgir, Bihar, India.

The Oshwal Pharmacy Group was set up as a buying group in 1987 among 150 pharmacists, and has since been formalised as Nucare. The social and charitable activities of the group are co-ordinated by TOP, which currently boasts 160 pharmacist members.

All too clear!

A teenager has been found guilty of forging a prescription after a pharmacist noticed that the writing was too legible, according to a report in the *Fife Free Press*. The police were called after the pharmacist was able to read the youth's misspelling of the name of a sleeping tablet.

Portsmouth evening of pharmacy practice

Customers of wholesaler Graham Tatford had the chance to visit the new pharmacy practice teaching area at the University of Portsmouth and learn about the work of the division at an evening meeting, held on July 9.

The meeting, devised by Professor Ian Jones, combined a tour of the practice area with a number of short presentations.

Paul Rutter, Moss research practitioner in pharmacy, spoke on 'How pharmacists spend their time'. Graham Rivers, a pharmacy graduate, focused on 'Advice given on the purchase of GSL medicines'. Remuneration, always hotly debated, was covered by Karen Thomas, a research assistant in pharmacy practice, who outlined contractors' opinions of NHS remuneration.


Pharmacist customers of Graham Tatford enjoying the evening meeting at the new pharmacy practice teaching area at the University of Portsmouth

APPOINTMENTS

Andrew Carter has joined Numark as trading controller after spending 11 years with Lloyds Chemists, where he was senior buyer.

Unichem has appointed **Christopher Etherington** as group wholesale director and managing director of the wholesale division.

Alison Baden, APS Berk's national short-line account manager, has gone to head Warrick Pharmaceuticals, Schering Plough's new generic division.

Innovex has appointed **Mike Stowe** as its service development director, and **Alan Sumner** as its UK sales services director.

Craig McCarthy (PPD Pharmaco International) has been elected as the chairman of the British Institute of Regulatory Affairs. Vice chairman is **Anne Wigmore** (Glaxo Wellcome) and secretary is **Alan Hunter** (consultant).

Peptech has appointed **Dr Till Medinger** as a non-executive director. Dr Medinger is a member of the Association of the British Pharmaceutical Industry's board and was previously the senior vice president of corporate strategy at Zeneca.

Chiroscience has appointed **Dr Robert Jackson** as executive director for research and development for its Darwin Discovery activities in the UK. He joins Chiroscience from the US-based biotech company Agouron.

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